KEEWATIN YATTHÉ
REGIONAL HEALTH AUTHORITY

The Wholistic Health of Keewatin Yatthé Region Residents

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The 2007 - 2008 Annual Report is located on the Internet at:

www.kyrha.ca

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Buffalo Narrows, SK

S0M 0J0

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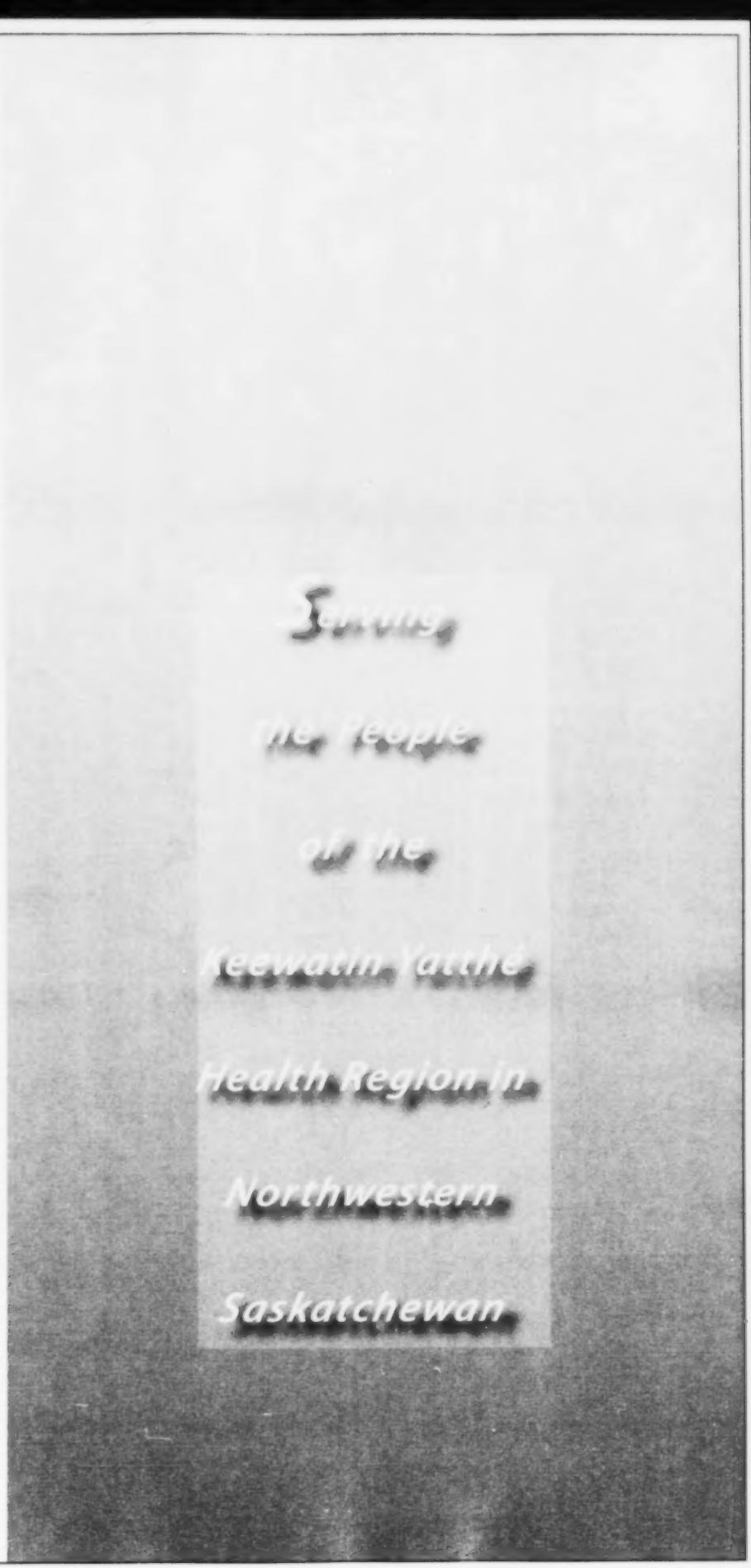

Letter of Transmittal

To: The Honourable Don McMorris
Minister of Health

Dear Minister ,

The Keewatin Yatthé Regional Health Authority is pleased to provide you with the 2007-08 Annual Report. The report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2008.

Some of the highlights of the past year include: the signing of the Memorandum of Understanding between the three northern Health Authorities in May 2007; the completion of the Ile-a-la-Crosse Integrated Services Centre and the subsequent Grand Opening Celebration held on September 14; approximately $400,000 was raised by the region residents for the purchase of equipment and furnishings for the facility; acquired a new ambulance for the Beauval EMS Division; IT infrastructure upgrade plan; and the additional programs in community based services targeting youth, addictions, disabilities, and community development.

As we continue in our commitment to fulfill the mandate of "Wholistic Health of Keewatin Yatthé Health Region Residents", we know that mental health is a very important part of this mandate, and because of this, we continue to hope for the establishment of a 10-bed treatment facility to provide for the mental health and addictions service needs of our region.

The board strongly believes that the overall successes of the year are greatly attributed to the care and commitment shown by the staff of the Keewatin Yatthé Health Region with the support of the Ministry of Health. In closing, I wish to express my appreciation to your Ministry and to the dedicated staff of the Health Region - it has been a privilege for me to work alongside such committed people as we strive together towards improving the health and well-being of our region residents.

Respectfully submitted,

David Seright
Chairperson

KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY

Message from the CEO

There is a key word that captures the theme of the 2007-08 year quite well. That key word is "transition". At both micro and macro levels, transition and change are often approached with a bit of apprehension. For one thing, there are many questions about what the new future will hold and questions on our capabilities to face these new changes successfully. Some people face change with great enthusiasm, ready to dive in to a new adventure. But in the midst of this excitement there is also a time of sadness – one could even call it a grieving time as people acknowledge that something's must be left behind in order to press forward and participate in the transition.

Keewatin Yatthé Regional Health Authority faced significant transitions this past year. For one, we celebrated the completion of the Ile-a-la-Crosse Integrated Services Centre along with the Ile-a-la-Crosse School Division on September 14, 2007. Approximately 1,000 people from near and far, gathered together to celebrate the grand opening of the new Centre This 33.7 million dollar, 9,500 square meter facility houses a gym, modern industrial arts labs, performing arts space, community meeting rooms, a child care centre and program spaces for Grades 7-12. The Health Centre section includes an 11-bed hospital, long-term care space for 17 residents, a family healing centre, labs, community health services, a health clinic and an emergency department. What did the move to this new facility mean? It meant saying goodbye to what we now call the "old" St. Joseph's Hospital – the first hospital built in the province. The old hospital was an integral part of the history of our region. Many of us were born, welcomed the birth of our children, visited our ill friends and family, said our final goodbyes to those now resting in peace, and even went to school in this facility.

Another transition was the resignation of Carol Gillis on October 31, 2007. Carol was the CEO of KYRHA for the past 6 years and played an integral part in establishing the health region. We are very grateful for all that she has given to the Region in her role as CEO. As the Board searched for a new CEO, Gene Motruk, former CEO of Heartland Health Region became the interim CEO. On February 28, 2008, I was selected to fill the permanent position of CEO, and have been serving in this capacity since that time.

Throughout the year, the region also faced a number of situations that left us with no other option than to close our facilities for periods of time. Illness outbreaks, job action, the break down of essential lab equipment, and critically limited staff were key contributors. I want to take this opportunity to acknowledge our neighbours at Prairie Regional Health Authority and Prince Albert Parkland Regional Health Authority during our times of crisis - we are appreciative of their support . The Municipal leaders of our regional communities have also shown great consideration and have been supportive of the decisions we have had to make involving services to their communities, and we truly appreciate this also.

Also in the area of partnerships, the RHA continues to maintain active involvement in the Northern Health Strategy (NHS). We support the recognition of the need to bring together northern health jurisdictions and other important stakeholders to work effectively on northern health conditions which can not be dealt with by a sole authority, and we have begun to see solid steps towards improvement of health status in the north (i.e. Oral Health and Chronic Disease Management initiatives, and support of Community Development endeavours).

I continue to see such excellence among my co-workers in the region – from management to clinicians to frontline staff. Throughout the struggles over the years; the nature of working in remote and often 'pioneering' situations, and often going above and beyond the call of duty due to the scarcity of human resources, our team has shown such noble commitment to each other and to the people of our health region.

Keewatin Yatthé Regional Health Authority continues to remain committed to improvement on the quality of services and to working hard to address the major health issues existing in our region.

Respectfully yours,

Richard Petit

Richard Petit

Who We Are

The Keewatin Yatthé Regional Health Authority (KYRHA), located in Northwest Saskatchewan, encompasses a region that is approximately 1/4 of the province and serves a population of approximately 12,000 people living in the regions numerous northern villages and towns.

The land is rich in history, culture and resources. Many people come to this northern region to experience its year round natural beauty as well as the wide variety of cultural experiences, sporting activities and events, and a lifestyle that is unique to the north.

The Keewatin Yatthé Regional Health Authority administers a comprehensive and much needed health care delivery system through St. Joseph's Health Centre in Ile-a-la-Crosse, the La Loche Health Centre, Buffalo Narrows Clinic, Beauval Clinic, Green Lake Clinic, and Community Outreach offices in Turnor Lake, Jans Bay, Patuanak, Cole Bay, Michel Village, St. George's Hill.

OUR VALUES

We believe that ultimately we are all accountable to the Creator for our actions and that our spiritual development is contingent upon the relationship between the individual and the Creator. Within this context, our mandate comes primarily from the people in our district but is defined to some extent in:

- The unwritten traditional knowledge and principles of our people and ancestors.
- The principles and declarations of the World Health Organization.
- Federal, provincial and local legislation, policies, regulations, and budgets.
- This and subsequent strategic plans as they develop.

Throughout the generations, the key to the survival and progress of the north western region (alongside spiritual accountability and development) has been the interdependence of family and commuities. KYRHA believes that adults are responsible for their own health, supported by their extended family and local communities, and because of this, is ardently committed to a community approach in the delivery of services. The RHA continues to take leadership initiatives that assist individual, families, and communities in developing the knowledge, skills, abilities, and resources, to carry out this responsibility by implementing a population health promotion approach.

OUR VISION AND MISSION: The Wholistic Health of Keewatin Yatthé Region Residents

The Saskatchewan Health directed vision of building a province of healthy people and healthy communities has been an underlying element in the formation of our objectives.

KYRHA is responsible for planning, delivery, governance, management, human resources, financial, information management, communications and issues management, capital and reporting of health services delivery for the region. KYRHA is also mandated by the province to provide services through the Regional Health Services Act, and is accountable to the people of the region in which it serves. The Board of Directors set the strategic direction of the RHA which is implemented and carried out by the Chief Executive Officer and management.

"Wholistic" includes the concepts of:

- *Physical, mental, emotional and spiritual wellness.*
- *Working together as individuals, families, communities, and institutions.*
- *Individual, family, community, and institutional responsibility (understanding roles and stewardship).*
- *Healing (individual, family, and community).*
- *Supporting each other in meeting our needs.*
- *Healthy life-styles.*
- *Increasing awareness of those activities, attitudes, beliefs, principles, and initiatives that lead to healing and healthy life-styles.*
- *Developing linkages/networks to support healing and healthy life-styles.*

OUR CHALLENGES

The Health Region faces great challenges in the areas of: human resource management (i.e. available work pool, sick time, overtime, and competition from new industry); existing health facility infrastructure; and occupational health and safety issues; delivery of service in a geographically expansive region means increased mileage costs and increased time allocation to tasks ultimately leads to less service delivery. These challenges further compound issues associated with recruitment and retention. The status of community residents and their great expectations and demands on the delivery of service further impacts the issues.

Existing capital pressures tie in to the nature of the socio-economic conditions of the north. The regions smaller population of hunting, trapping, and 'living off the land' as the predominant lifestyle until the 1970's, meant that the tax base has not been developed to support infrastructure development. Contributing to this is the demographic of approximately one-third of the population being under the age of 15, and an unemployment rate that is almost twice that of the provincial average. Fundraising initiatives to alleviate capital pressures have been admirable and consistent, but due to the regions socio-economic conditions, raising money has been difficult.

It would be difficult for the RHA to address the multitude of issues that impact health services delivery without the support of strong viable partnerships. Health is influenced by the interaction of many factors including socio-economic conditions, education, community and family supports, healthy childhood development, and personal health practices and coping skills. There are many agencies, organizations, community leadership, and levels of government, as well as individuals that have an influence on health. Improvements in health can only come from these many sectors working together. Therefore, partnerships are a critical component to making improvements.

KYRHA continues to work collaboratively with the Northern Health Strategy (NHS) in our commitment to improve the health status of our northern residents. The NHS is comprised of Health Officials from both Provincial and Federal governments, First Nations organizations, Regional Health Authorities, and Northern Medical Services. The NHS can provide the process and create the framework for such cross-jurisdictional collaboration which can lead to long-term sustainability of quality health services built upon existing structures.

Implementation of planned new initiatives and further enhancement of to the quality of our health services delivery has been limited this year due to focused energies in crisis management that greatly challenged the capacity of a limited management staff.

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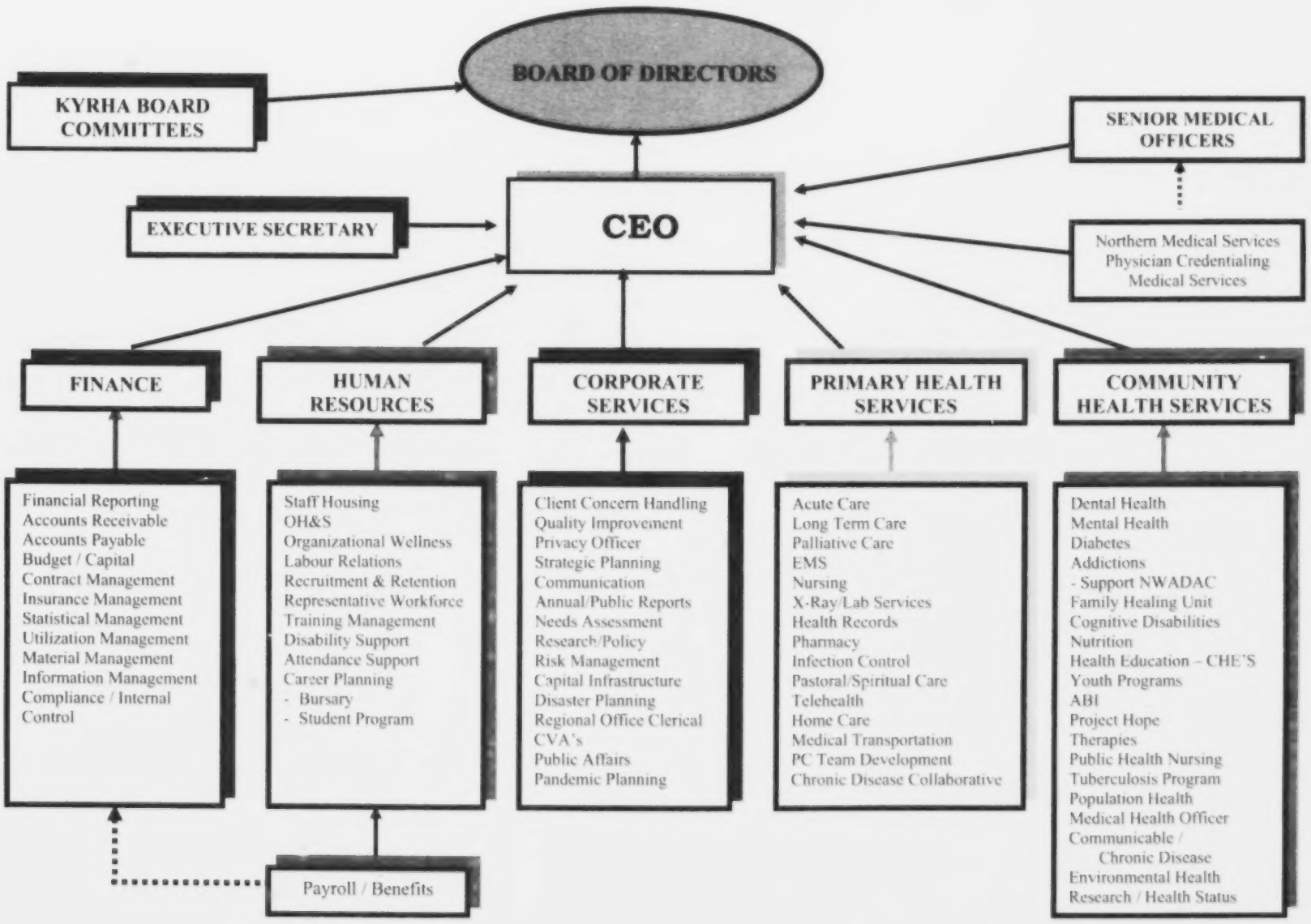
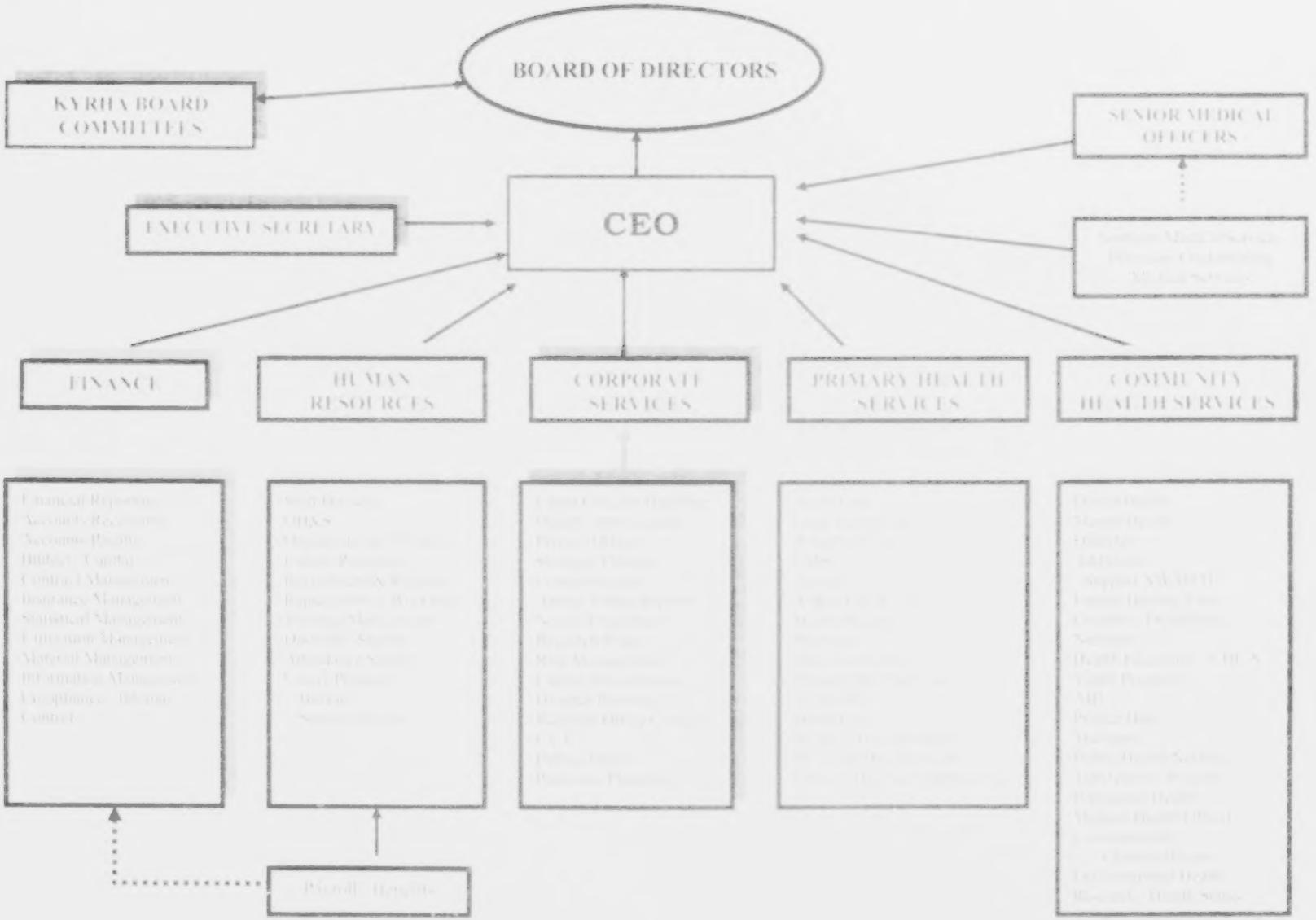
KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY ORGANIZATIONAL CHART JANUARY 2008



KEEWATIN YATTHÉ REGIONAL HEALTH AUTHORITY ORGANIZATIONAL CHART JANUARY 2008



KYRHA Senior Management Team as of March 31, 2008

Zachery Solomon

Director of Primary Health Services

Elaine Malbeuf

Director of Community Services

Mark Cook

Director of Finance

Wendy Ericson-Lemaigre

Director of Human Resources

Jolene Hanson

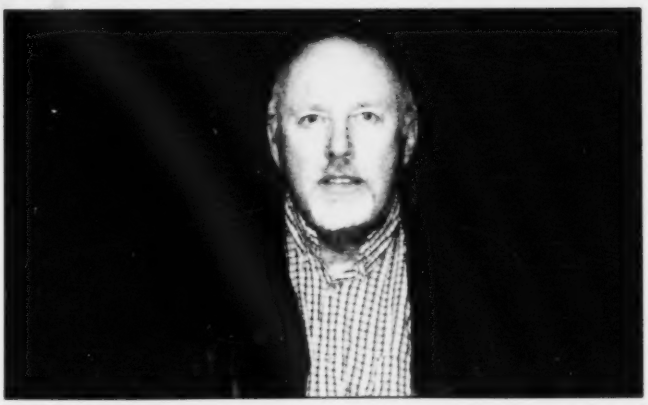
Executive Secretary

Pictured above: (L-R) David Seright (Board Chair), Richard Petit, Arthur Daigneault (Board Member), Carol Gillis (former CEO), Nap Gardiner (former CEO) join in the celebration at the Regional Office on March 5, 2008.

Pictured top right: we really enjoy our potlucks!

Pictured bottom right: Gene Motruk, Acting CEO from October 31, 2007 - January 31, 2008.

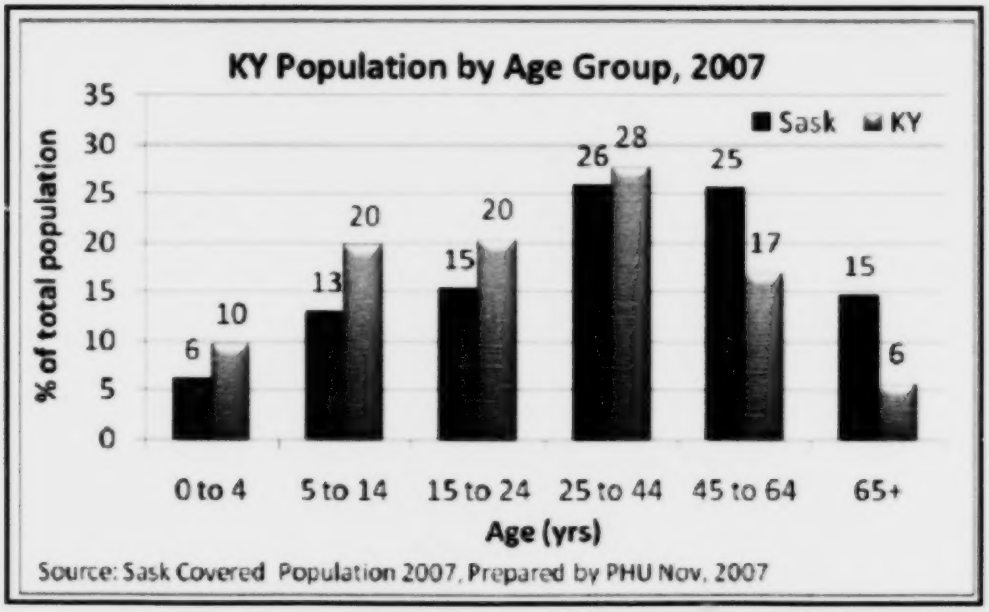
Celebrating our new CEO...

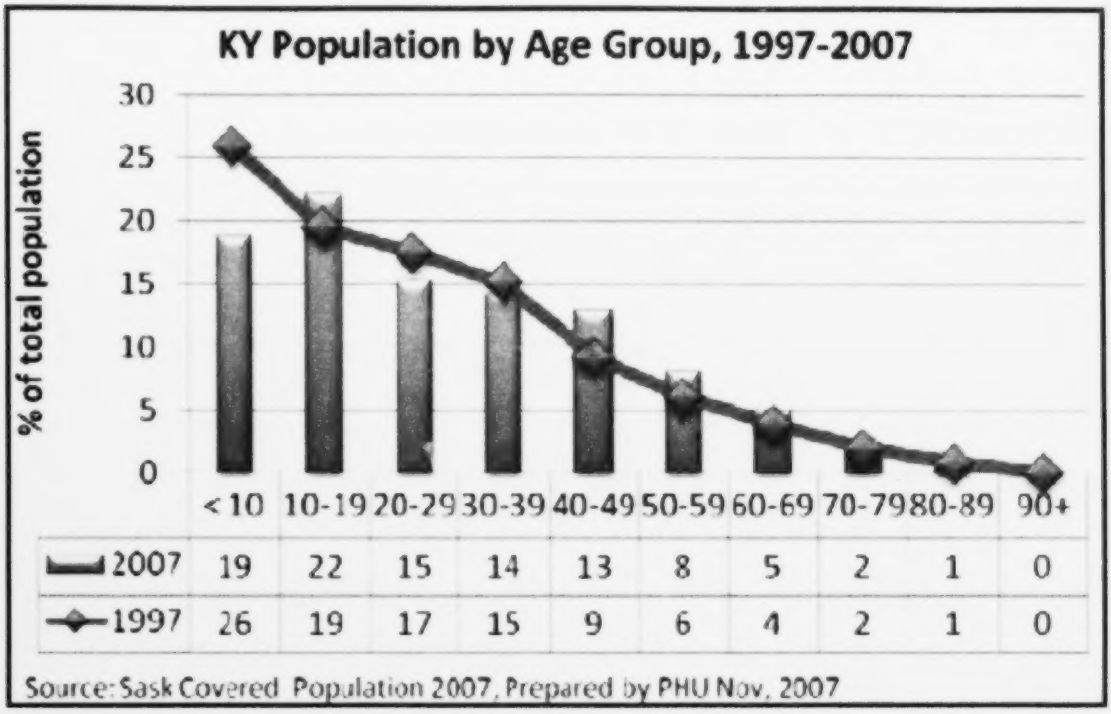


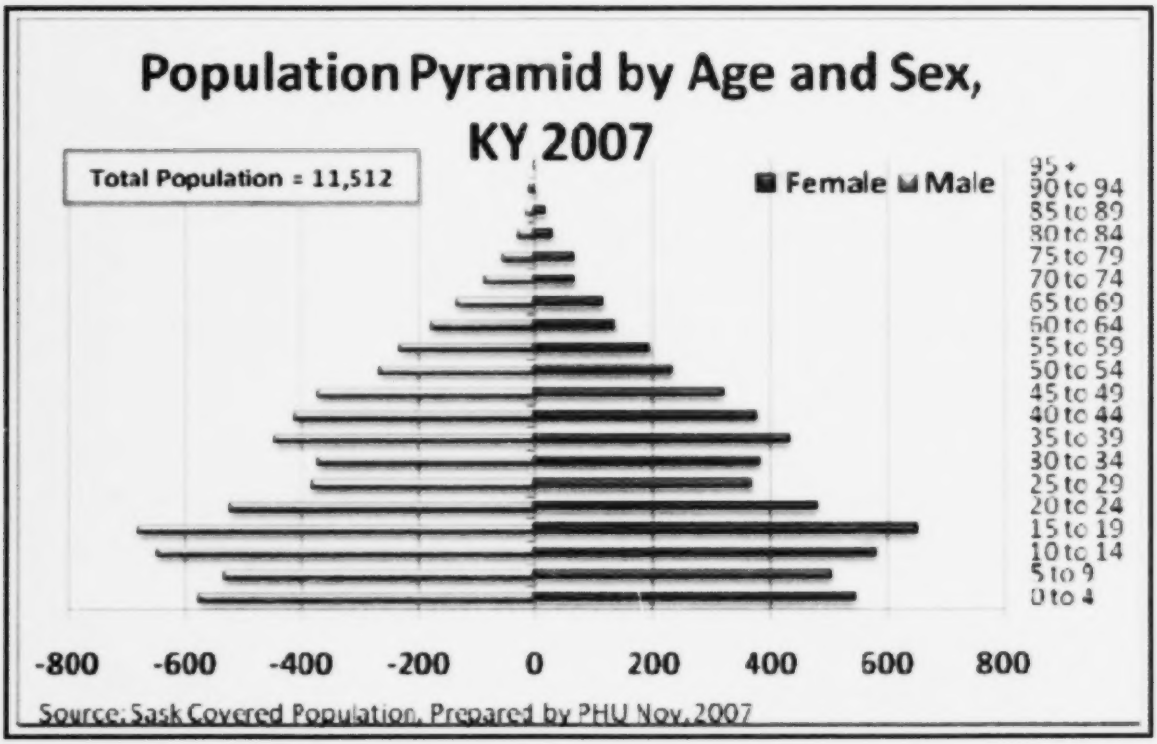
Our Region

The Keewatin Yatthé (KYRHA) Health Region continues to have a young, growing population. In 2006, KYRHA had 30% of its population under 15 and only 6% aged 65 or older. Saskatchewan had only 19% under 15 but 15% were aged 65 or older. The KYRHA population has increased by 11.1% in the past 10 years. The age groups with the greatest increase in numbers are the 10-19 and 40-60 age groups. The absolute population increase in each of these age groups has implications on health needs and health service requirements.

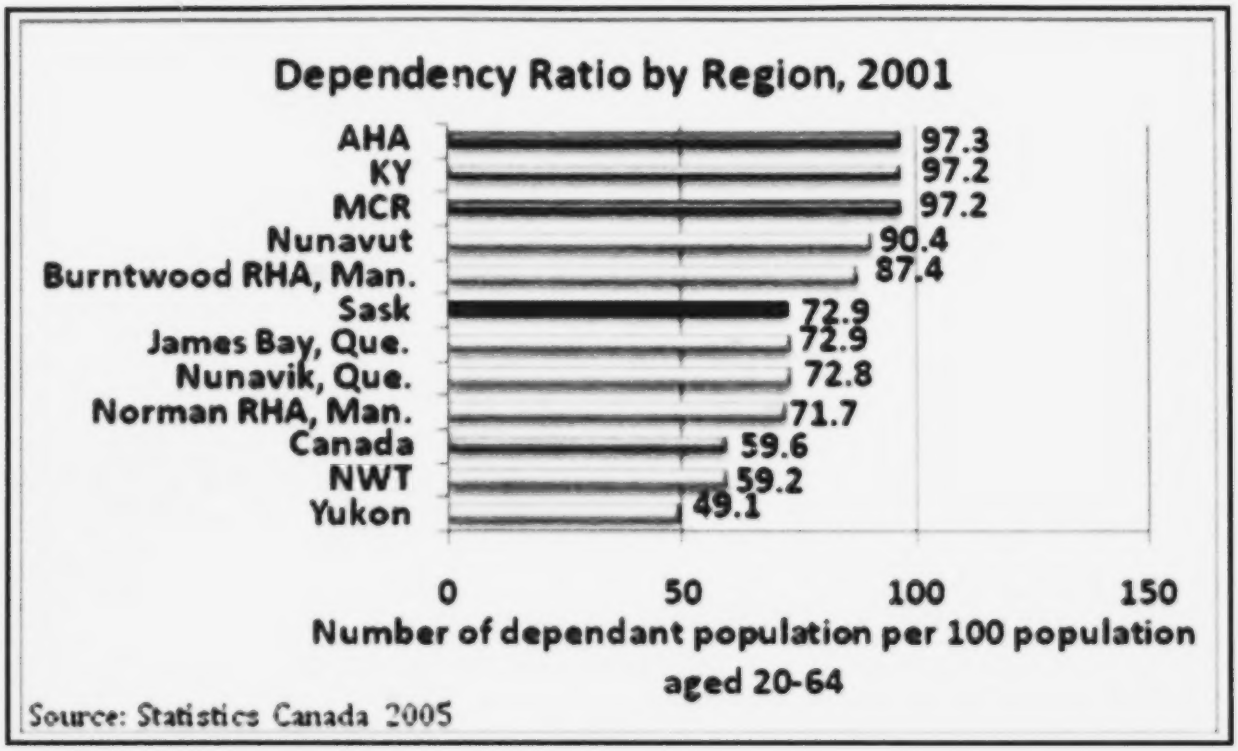
KYRHA along with Mamawetan Churchill River Health region and the Athabasca Health Authority have the highest 'dependency ratio' of all other health regions in Canada. This is a reflection of the number of youth under 20 and elders over 65 years of age compared to the middle aged groups. Dependency ratios are economic indicators – regions with high dependency ratios indicate economically stressed areas.



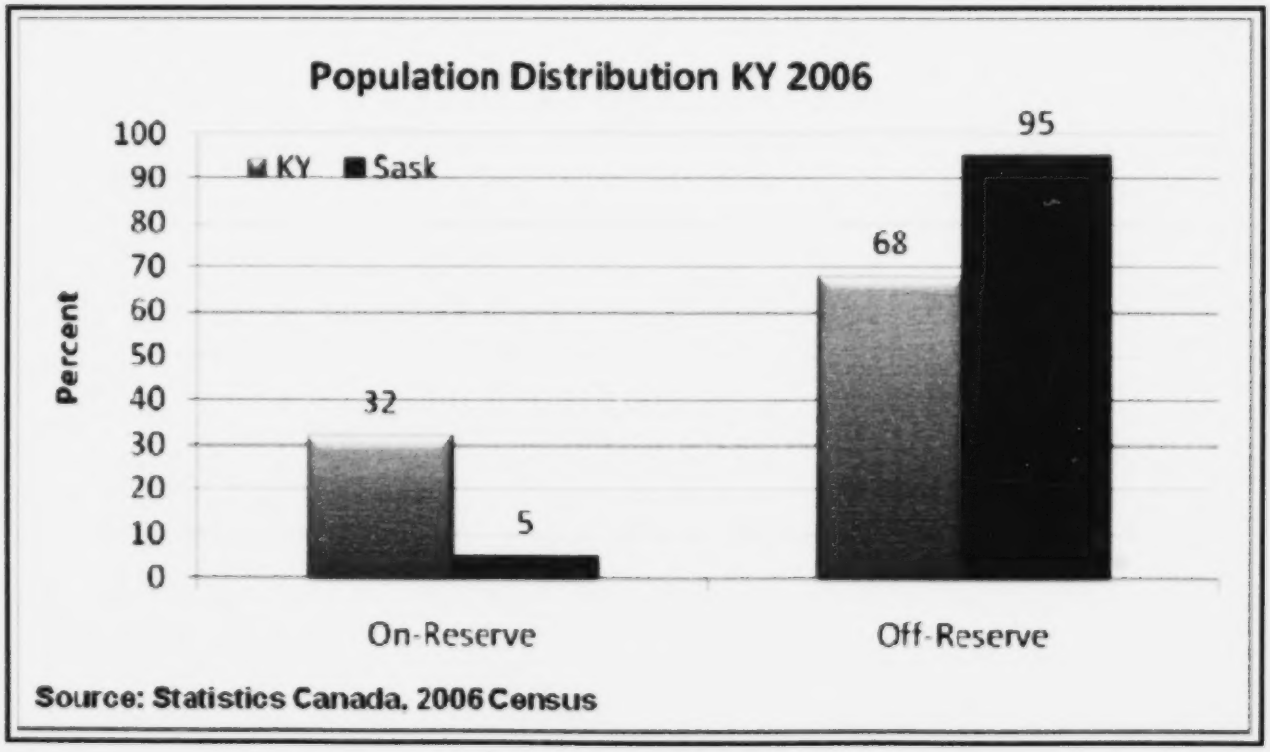




Please note: *the Population Health Unit (PHU) provides various public health functions including disease prevention, surveillance and monitoring; health promotion; and public health consultation. These services are provided across the northern half of Saskatchewan for the three northern health authorities: Mamawetan Churchill River, Keewatin Yatthé, and Athabasca.*

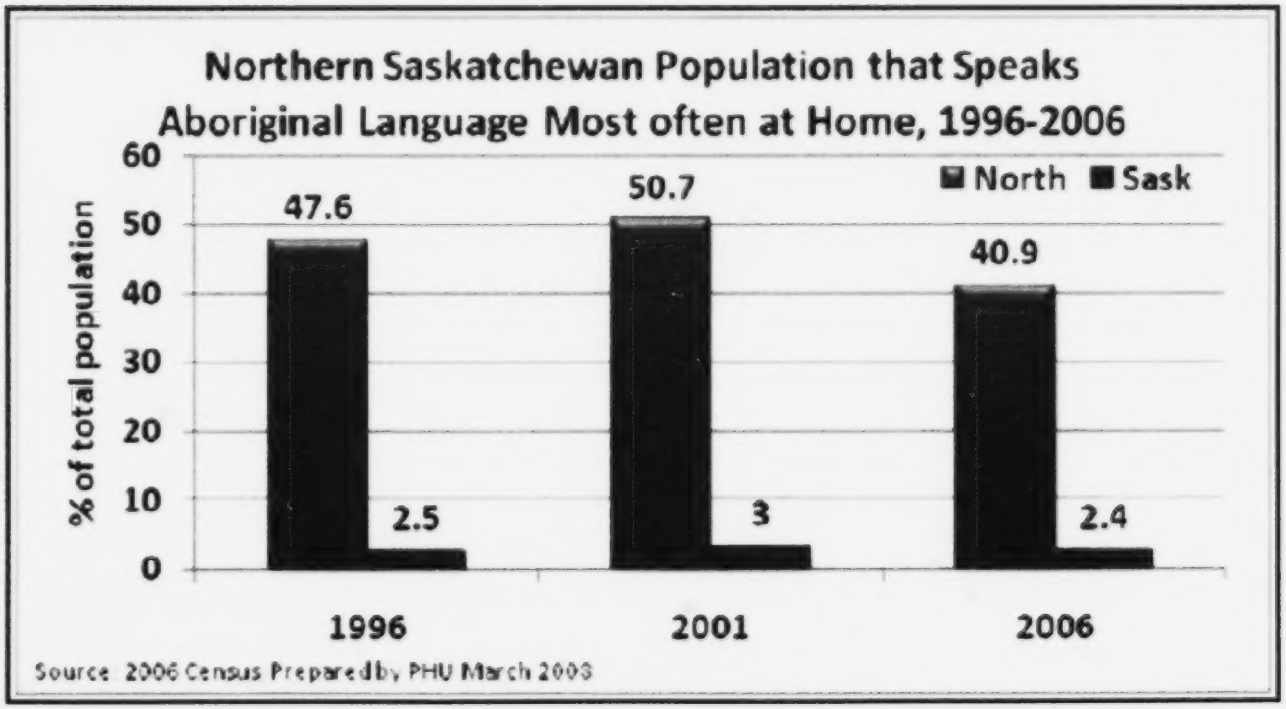


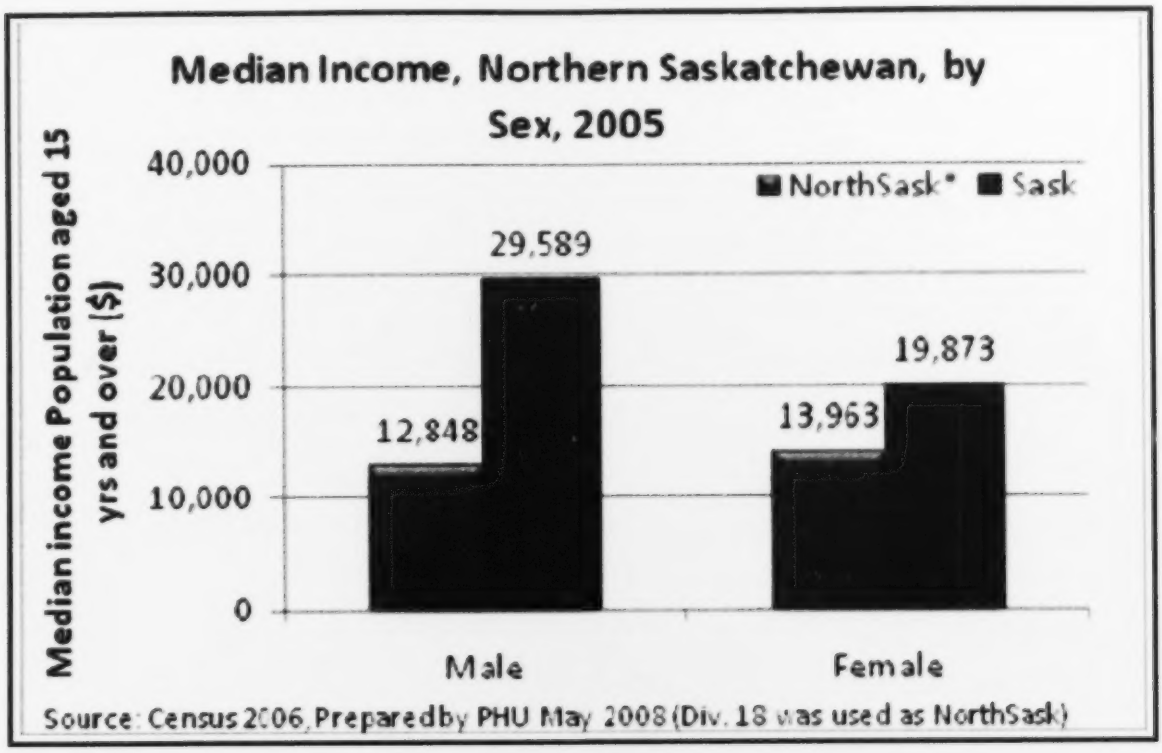
In 2006, approximately one third of the residents lived on-reserve (32% on-reserve, 68% off-reserve). This is in marked contrast to the overall Saskatchewan population, where only 5% of the population live in reserve communities.

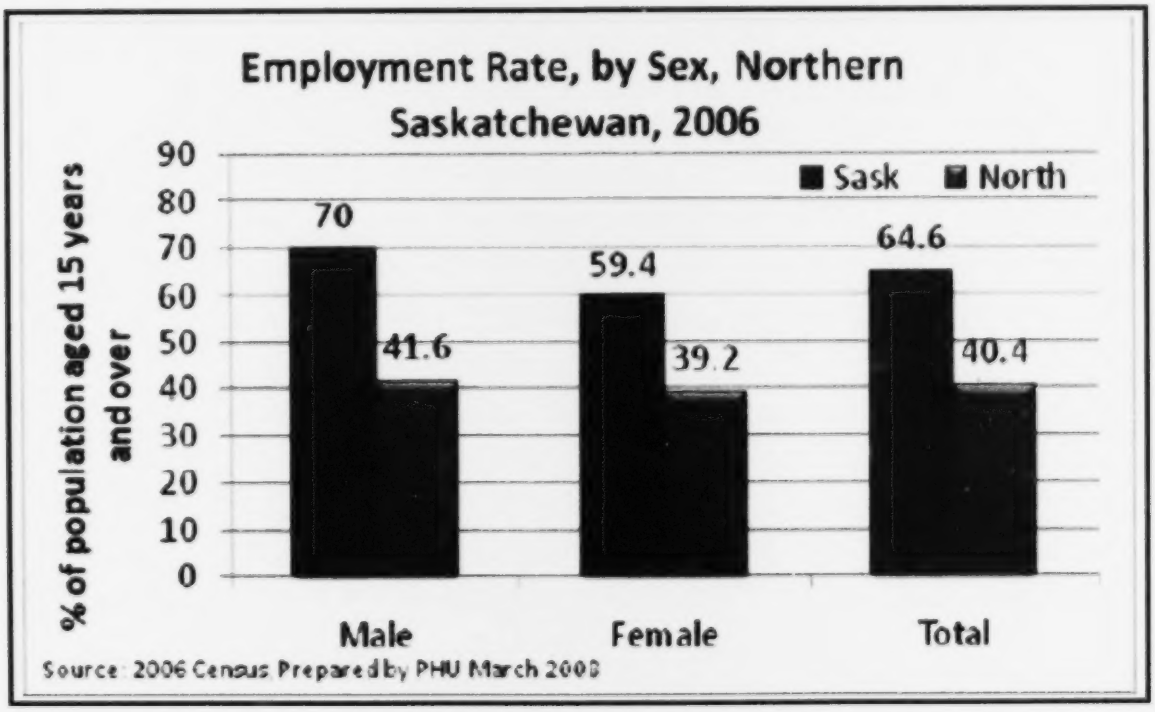


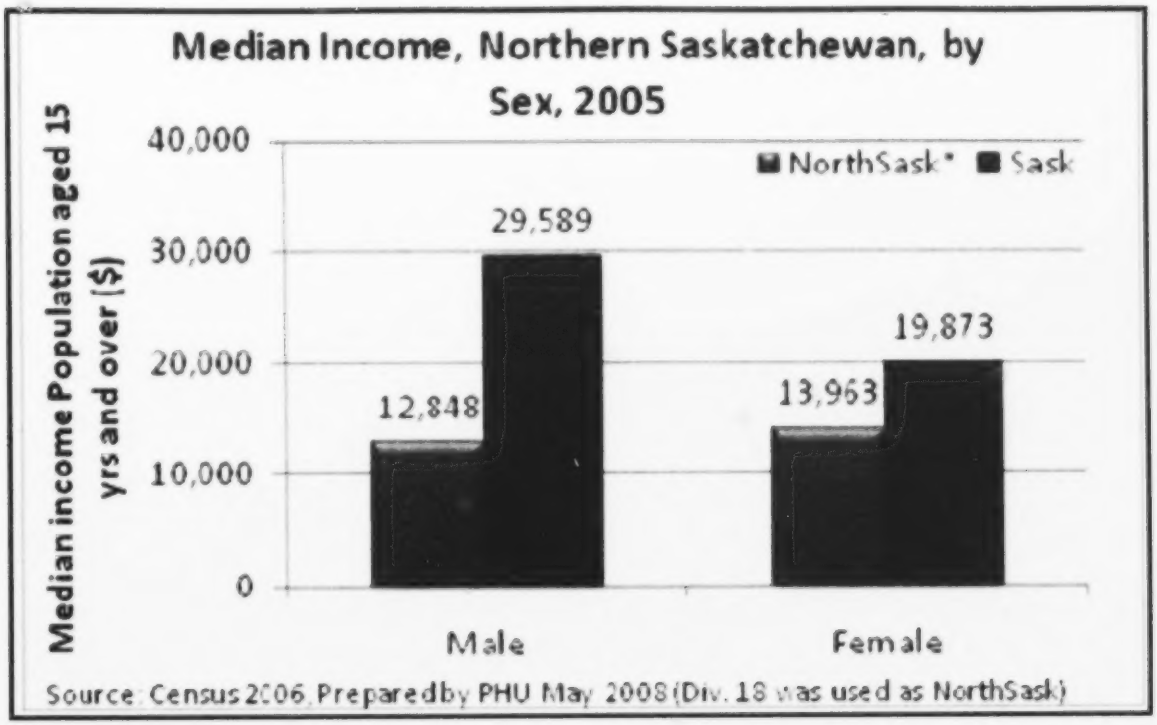
Non-medical (socio-economic) determinants of health

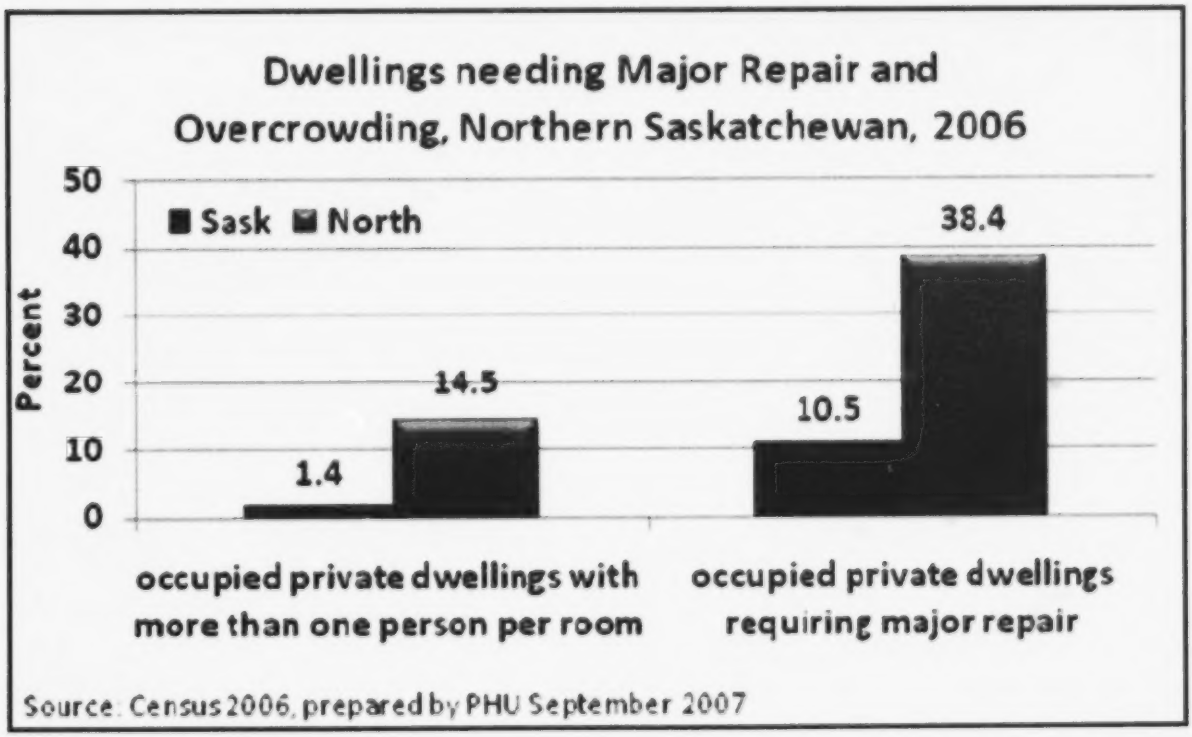
- **Varied school enrolment changes:** Enrolment in northern K-12 schools grew by 4% between 1998/9 and September 2007. Most of the growth has been in middle years and secondary enrolments in both provincial and First Nation schools. Enrolments in northern kindergarten and elementary grades decreased by 25% and 19%, respectively. (Northern Saskatchewan Regional Training Needs Assessment Report 2008)
- **Less Aboriginal language spoken in homes in the north but still higher than the south:** An Aboriginal language was spoken in the homes of 40.9% of northern people in 2006, down from 50.7% in 2001, compared to 2.4% of Saskatchewan people, down from 3.0% in 2001.
- **High Aboriginal population:** 94.5 % of the KY population are Aboriginal, compared to 13.5% in Saskatchewan (Census 2001)
- **Low employment rate:** The employment rate in KYHR was 37.2%, compared to 63.5% in Saskatchewan (Census 2001). In 2006, the employment rate for the North was 24.2% lower than the province.
- **Low personal income:** In the KY HR, the average personal income for males ($17,754) and females ($15,244) was 56.7% and 74.4% of the average incomes for their Saskatchewan counterparts. (Census 2001). In 2006, median income for northern males (12,848) and females (13,963) aged 15 and over was only 43% and 70% of their provincial counterparts.
- **High crowding and homes in need of major repair:** In Northern Saskatchewan, 14.5% of occupied private dwellings have more than 1 person per room, compared to only 1.4% in the province as a whole. As well, nearly 40% of occupied private dwellings are in need of major repair, compared to only 10.5% in the province as a whole.




Median Income, Northern Saskatchewan, by Sex, 2005
Median income Population aged 15 yrs and over ($)
40,000
30,000
20,000
10,000
0
NorthSask*
Sask
29,589
19,873
12,848
13,963
Male
Female
Source: Census 2006, Prepared by PHU May 2008 (Div. 18 was used as NorthSask)


Employment Rate, by Sex, Northern Saskatchewan, 2006
% of population aged 15 years and over
90
80
70
60
50
40
30
20
10
0
Sask
North
70
41.6
59.4
39.2
64.6
40.4
Male
Female
Total
Source: 2006 Census Prepared by PHU March 2008





How do they (key factors) affect results?

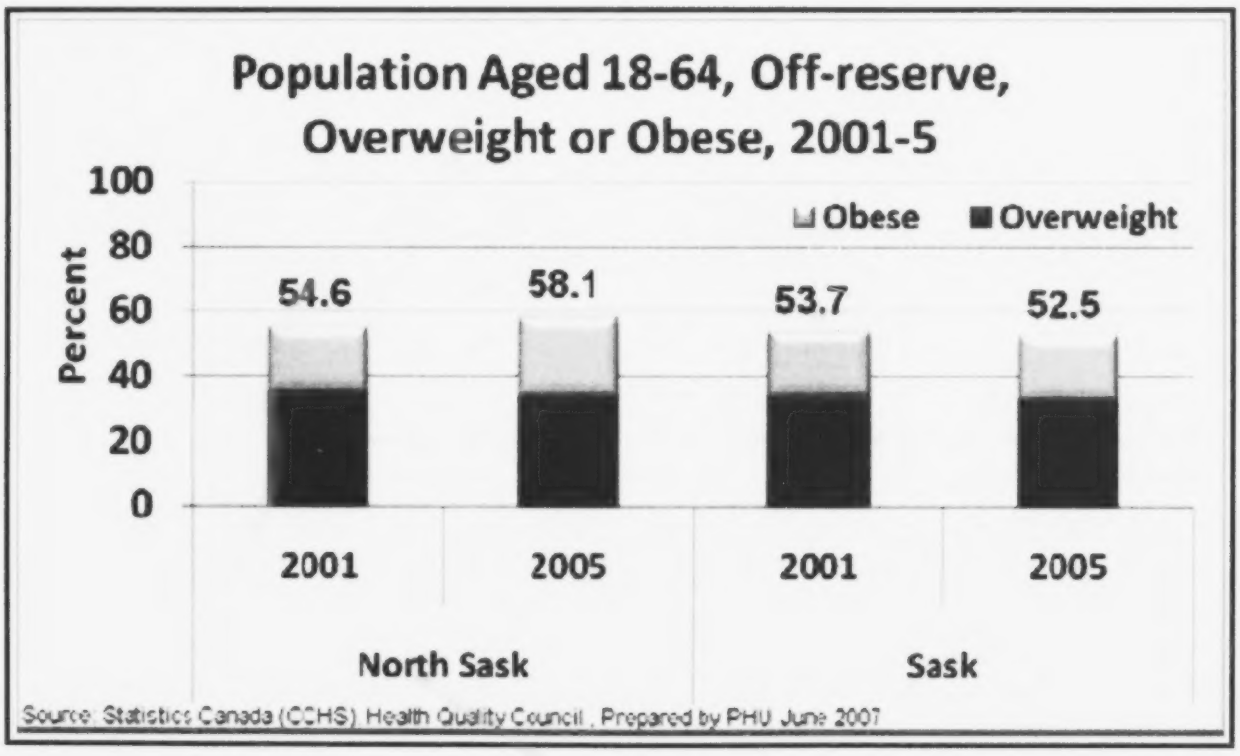
The indicators for the non-medical determinants of health for the KY region indicate significant challenges. The high dependency rate, as well as the low employment rate, are indicators of economic stress, with implications on childhood poverty levels, as well as overall health. The growing segments of the population puts additional stress-

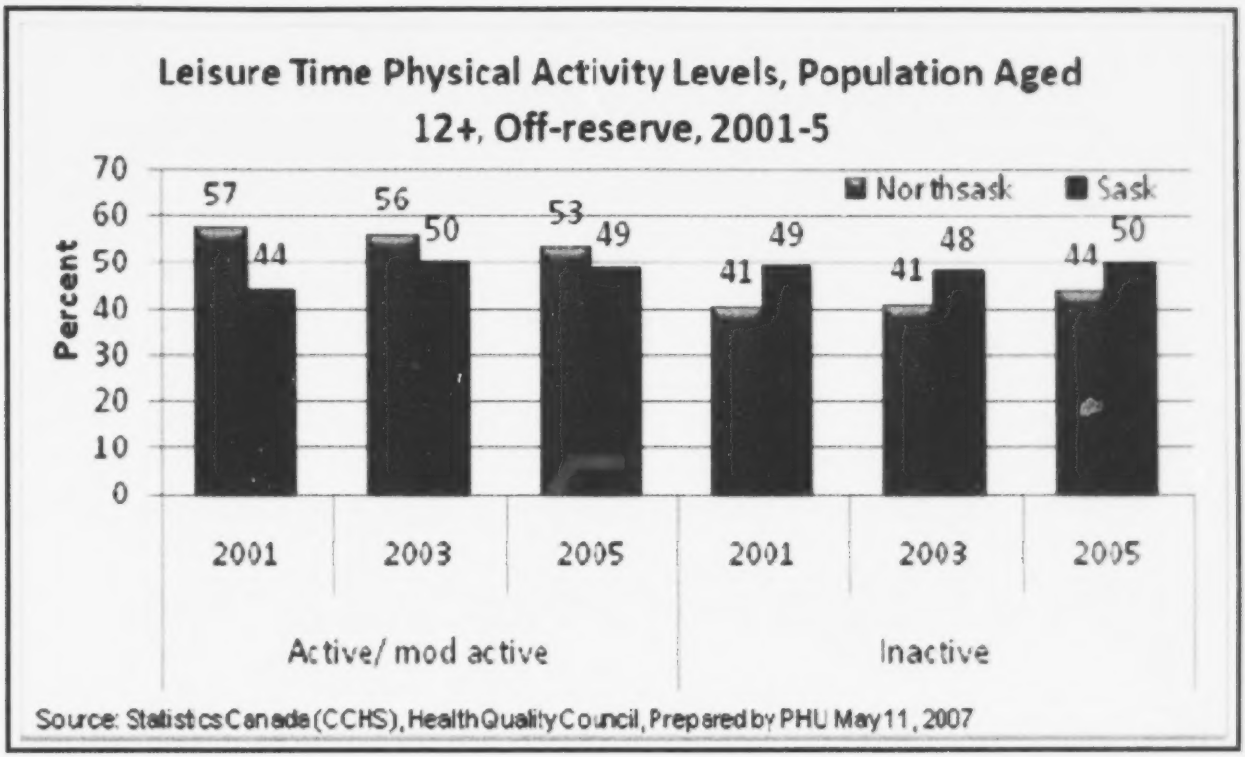
es on the health services in the region. The current high proportion of adolescents in the population, combined with the growth in the young adult and middle-age groups will impact numbers of individuals with diabetes, heart disease, chronic lung disease and cancer, as well as conditions common in adolescents and young adults including injuries, pregnancies, and sexually transmitted infections.

What is the health status of the region?

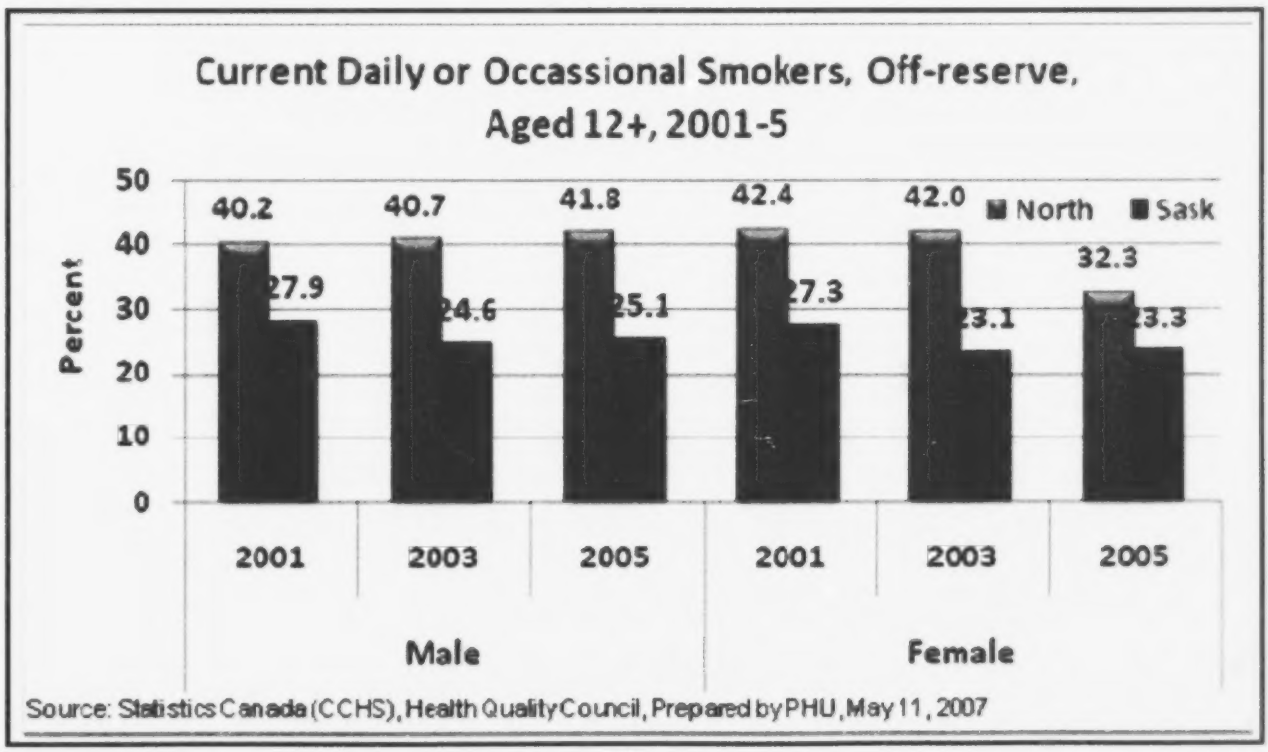
Disparity in BMI increase: People who are classified as overweight have a Body Mass Index of 25.0-29.0, while those who are obese have a BMI of 30.0 or greater. Overweight and obese people are at higher risk to develop diseases such as type-2 diabetes, high blood pressure, heart disease, some cancers, gallbladder disease, and others. In 2005, 33.9% and 24.2% of northern Saskatchewan residents reported being either overweight or obese, respectively. The disparity between northern Saskatchewan rates and provincial rates has increased from 2001-2005 which emphasizes the important continuing need for health promotion, intersectoral initiatives.

In comparison to other Saskatchewan health regions, the northern health authorities had the highest percentage of residents who reported participating in active or moderately active levels of physical activity during leisure time in 2005. Similarly, the northern health regions also had the lowest percentage of residents who reported inactivity levels However, the percentage of northern residents reporting active or moderately active physical activity levels has been decreasing slightly since 2001 (57.4% to 53.4%), while those reporting inactivity has been increasing slightly during the same time period (40.5% to 44.1%).





Smoking rates in northern Saskatchewan off-reserve communities remain substantially higher than provincial rates though there appears to be some improvement in female rates in 2005.



The percent of off-reserve northern males aged 12+ that report current daily or occasionally smoking has remained relatively stable since 2001 (40.2, 40.7, 41.8%). On the other hand, the percent of females reporting to smoke has shown a 9.7% decrease in 2005 compared to 2003, going from 42.0 to 32.3%. Northern rates for both males and females remain substantially higher then provincial rates in 2005 (25.1% in males and 23.3% in females).

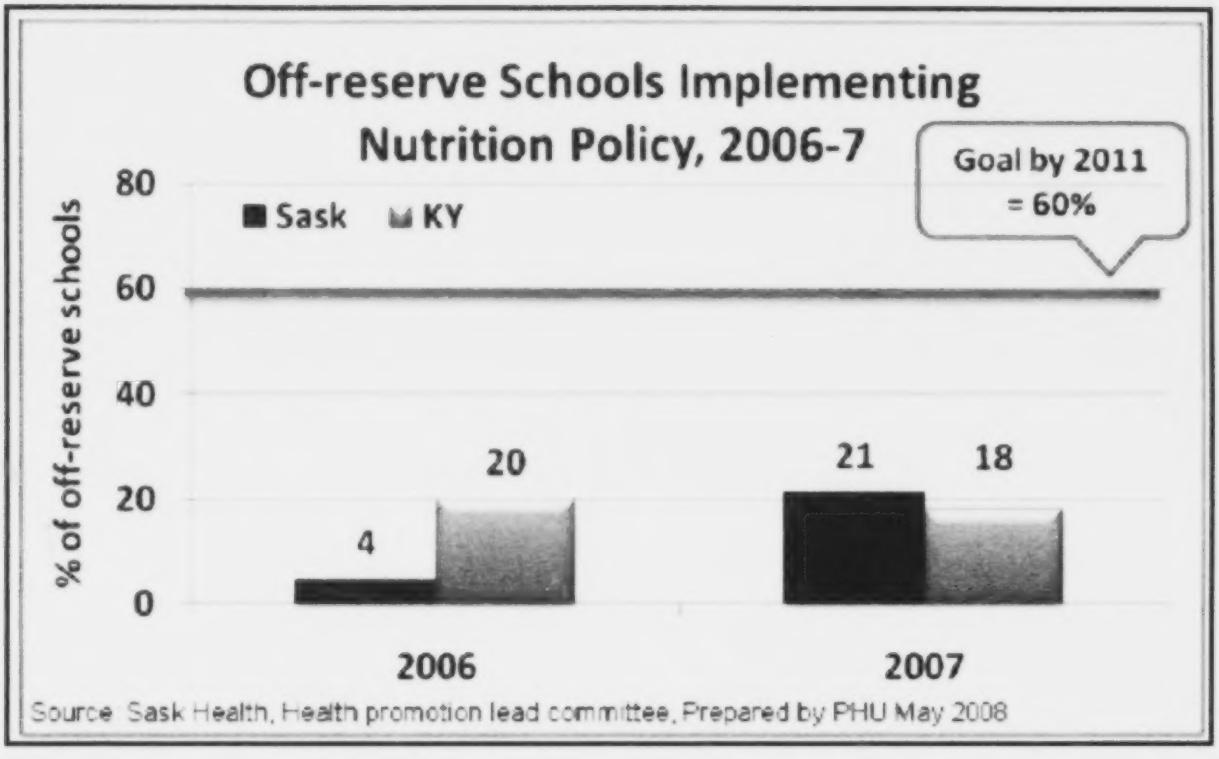
Breastfeeding: The percentage of off-reserve northern mothers that breastfed exclusively to at least 6 months decreased substantially between 2003 (42.91%) and 2005 (17.54%). During the same time period the provincial rate increased slightly from 18.19% to 21.28%. Though small numbers of people involved in the northern component of the CCHS may have some influence on this northern variation, confidence intervals suggest that this change is a significant reduction in breastfeeding rates in northern Saskatchewan. Further investigation will be required to suggest an explanation for the decrease.

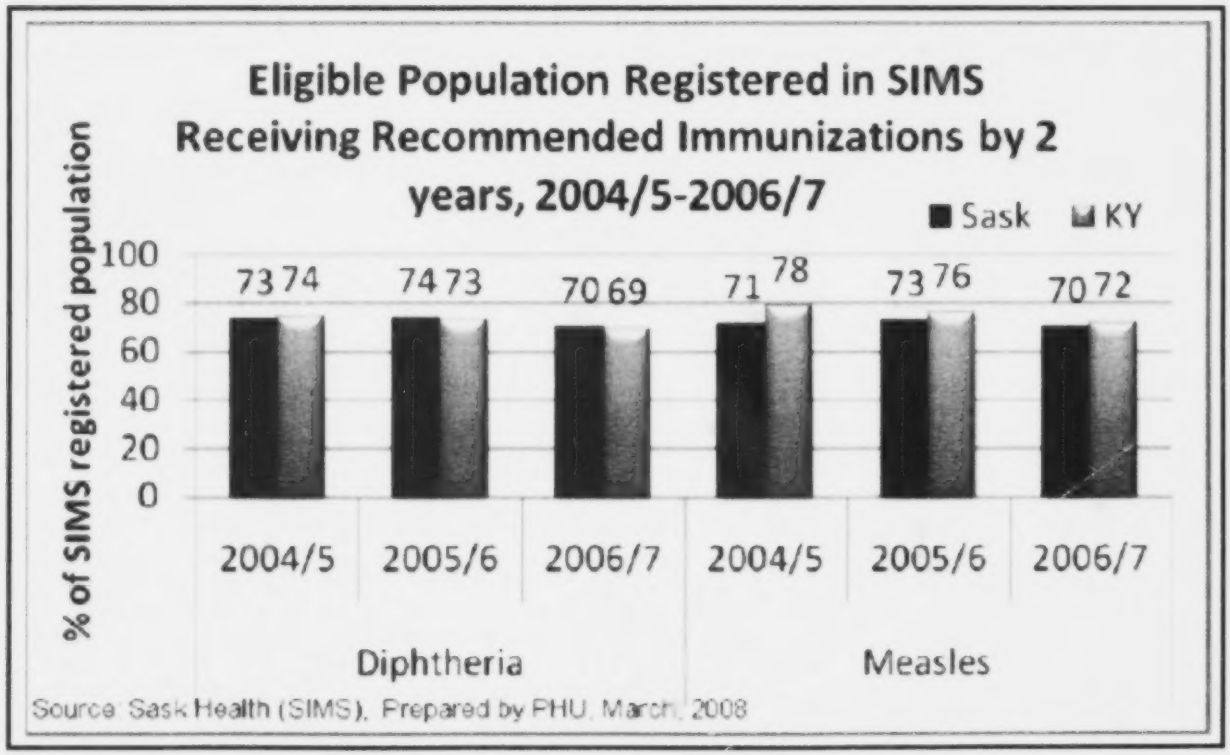
School nutrition policies:

Schools that have a written nutrition policy have taken the important first step of implementing nutrition policies, which in turn can be an important component of a healthy school environment that promotes healthy lifestyles for its students. The provincial goal is for 60% of all schools in the province having written school policies by the year 2011. In 2006, KY had the second highest proportion of schools that were implementing a nutrition policy (20%). In 2007, the proportion had a slight drop from 20% to 18%, now slightly under the rate for the province as a whole.

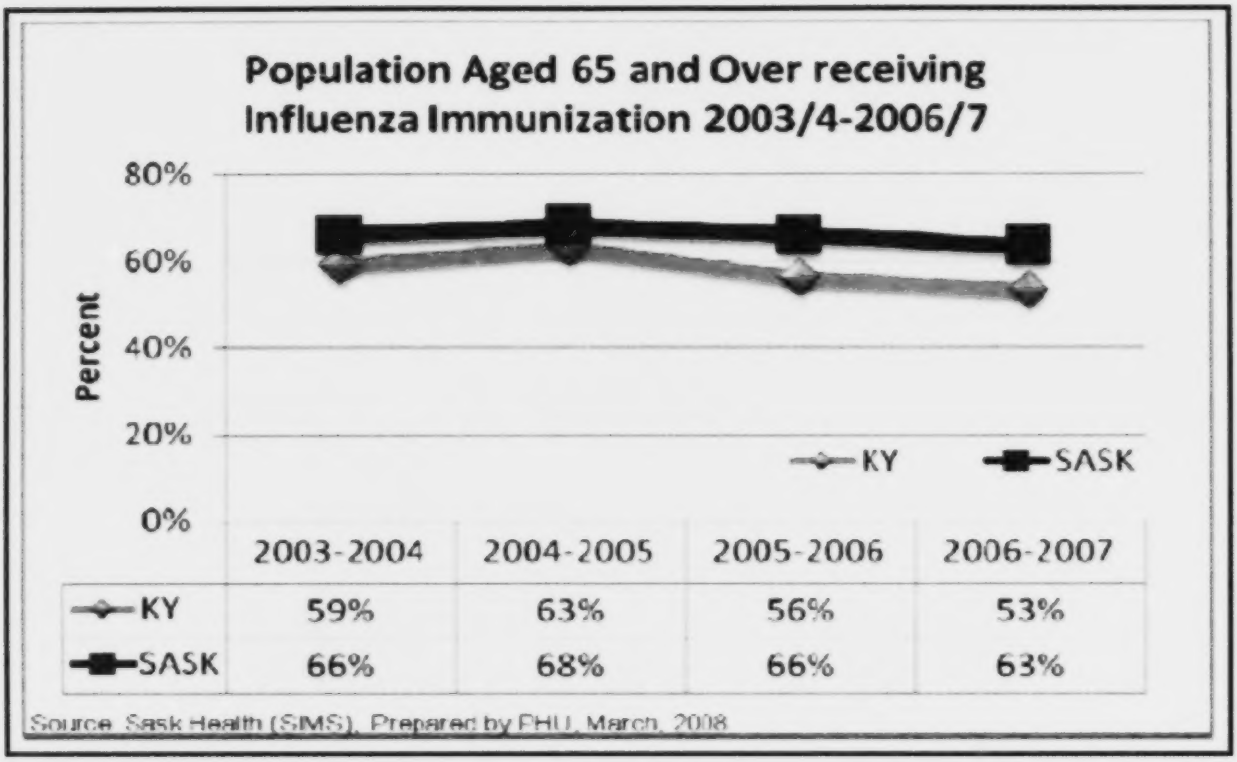
The percentage of KY clients registered in the Saskatchewan Immunization Management System (SIMS) that received the recommended immunizations decreased between 2005/6 to 2006/7, from 73% to 69% for Diphtheria and 76% to 72% for measles. At the provincial level, small decreases were noted, changing from 74% to 70% for

diphtheria and 73% to 70% for measles, during the same time period. Coverage rates are very similar between KY and the province in 2006/7, with KY having slightly higher rates for measles (72% to 70%) and the province having slightly higher rates for diphtheria (70% to 69%).





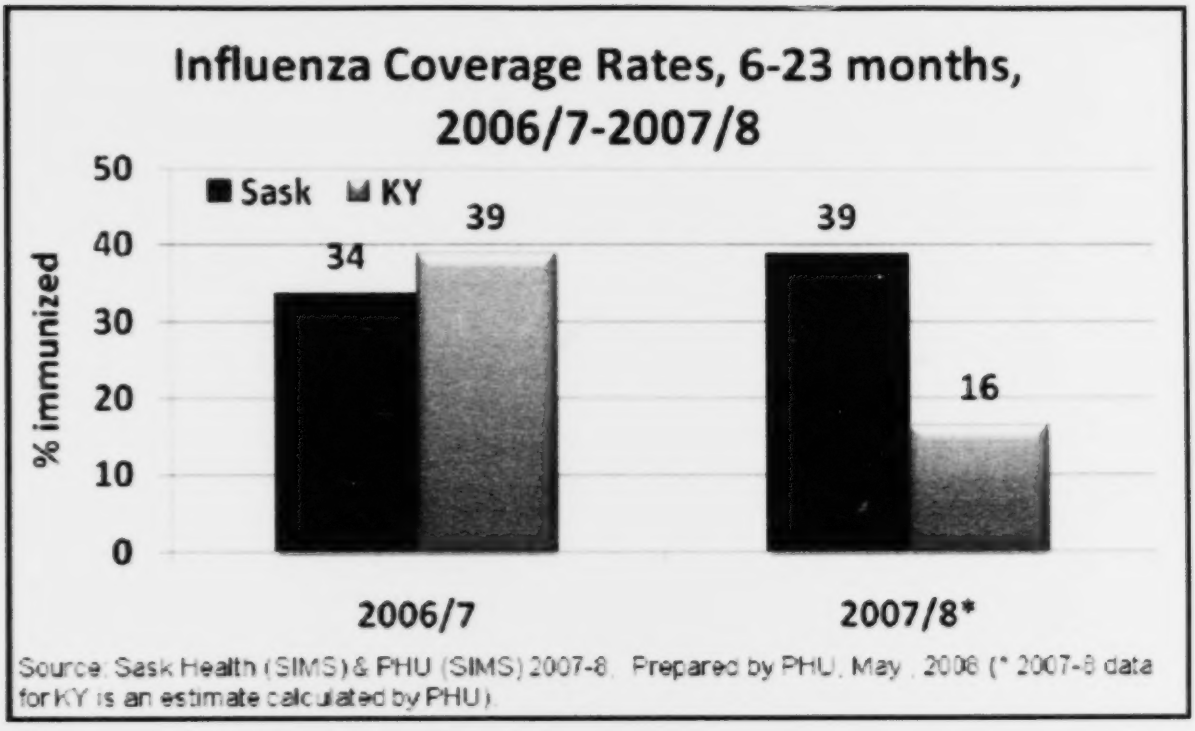
The percentage of the KY population aged 65 and over on and off-reserve that received the influenza immunization steadily decreased between 2004/5 and 2006/7, from 63% to 53%. During that same time, Saskatchewan rates decreased by half the amount, from 68% to 63%. Currently, the Saskatchewan coverage rate is 10% higher than the KY rate.



	2003-2004	2004-2005	2005-2006	2006-2007
KY	59%	63%	56%	53%
SASK	66%	68%	66%	63%

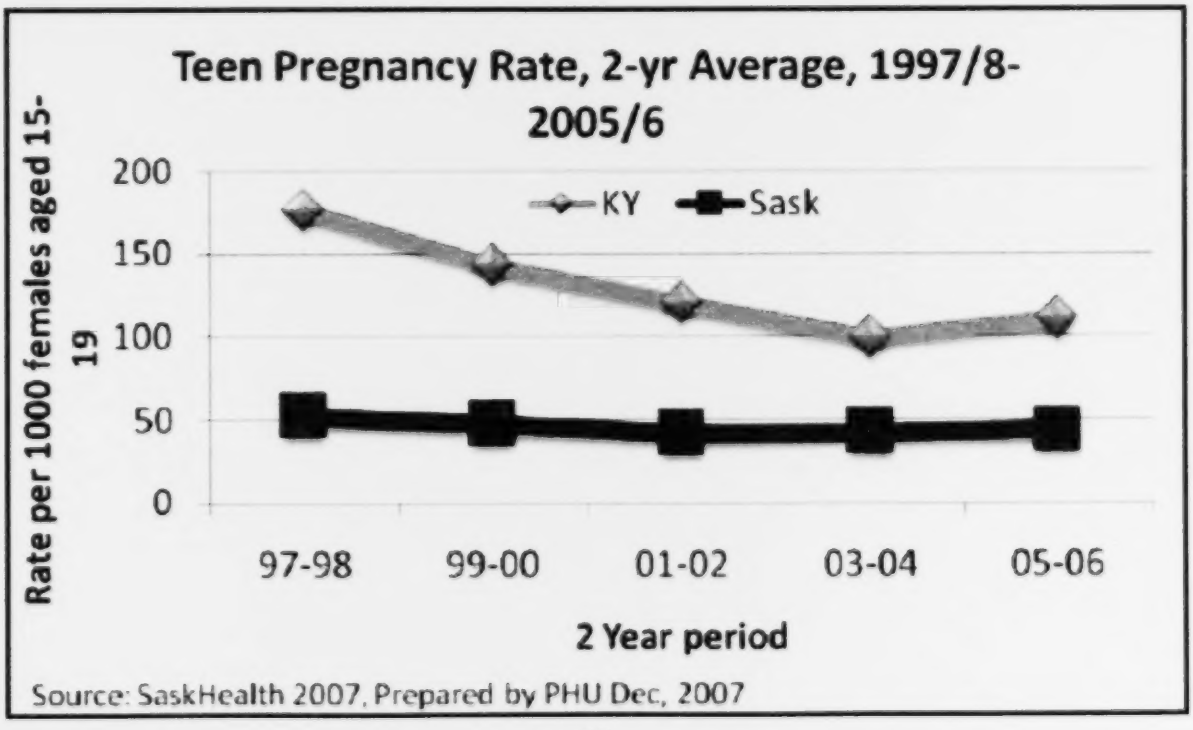
Source: Sask Health (SIMS). Prepared by PHU, March, 2008

Due to the upgrade to the Saskatchewan Immunization Management System (SIMS), we were informed that the influenza coverage rates for the 3 northern health regions were neither representative nor reflective of coverage for the 2007/8 season. In order to track progress in our influenza coverage, the PHU calculated an estimate for the 2007/8 season. It is recognized that combining this data with previous data, calculated with different methodology, is not ideal. The percentage of KY clients aged 6 to 23 months that received an influenza immunization decreased from 39% in 2006/7 to 16% in 2007/8. At the same time the Saskatchewan coverage rate increased from 29% to 33%, which is now more than twice as high as the KY rate. The dramatic decrease in KY coverage rates may be partially explained by different methodologies as well as a mass immunization we had in one of the larger communities in dealing with a community-acquired pneumonia outbreak in 2006/7, but not in 2007/8. This mass immunization had substantial public awareness as a result of increased illness rates and media attention This may also be a reflection of the challenges to recruiting and maintaining public health nurses in many northern communities and revealing the need for greater public and health professional education on the benefits of childhood influenza vaccination. This is especially true in areas of greater risk of complications from influenza such as regions with higher community-associated MRSA (Methicillin-resistant Staphylococcus aureus) rates.

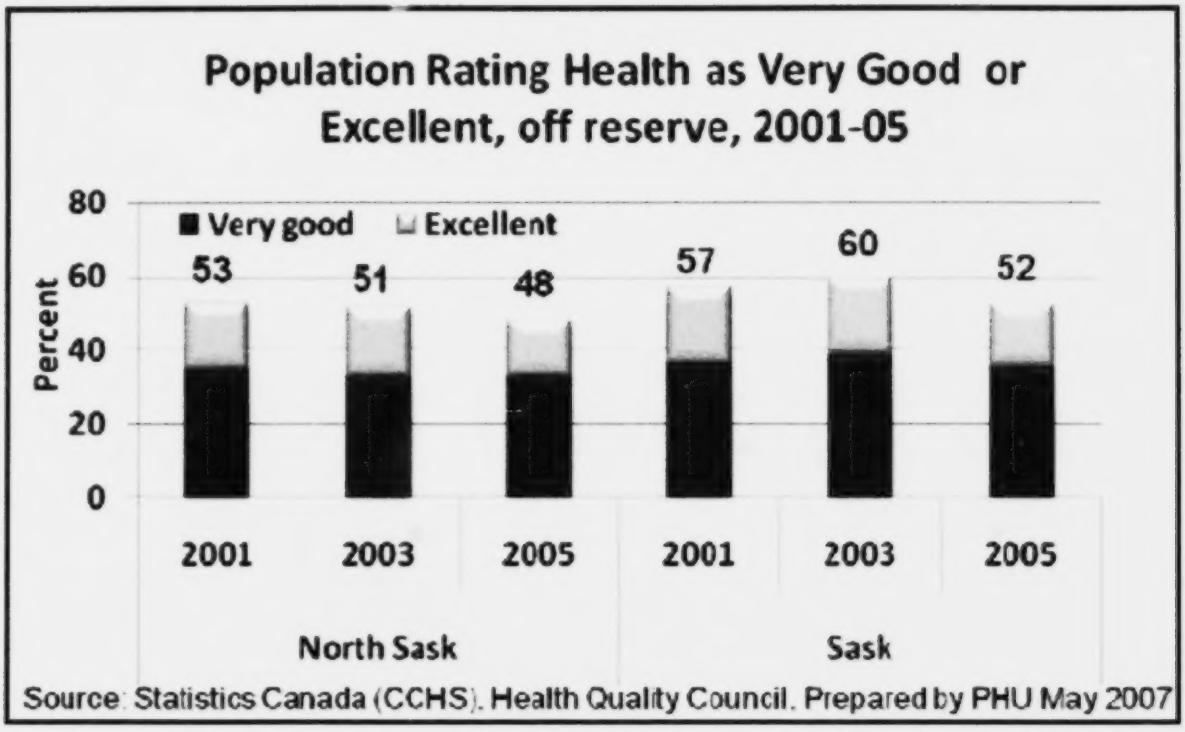


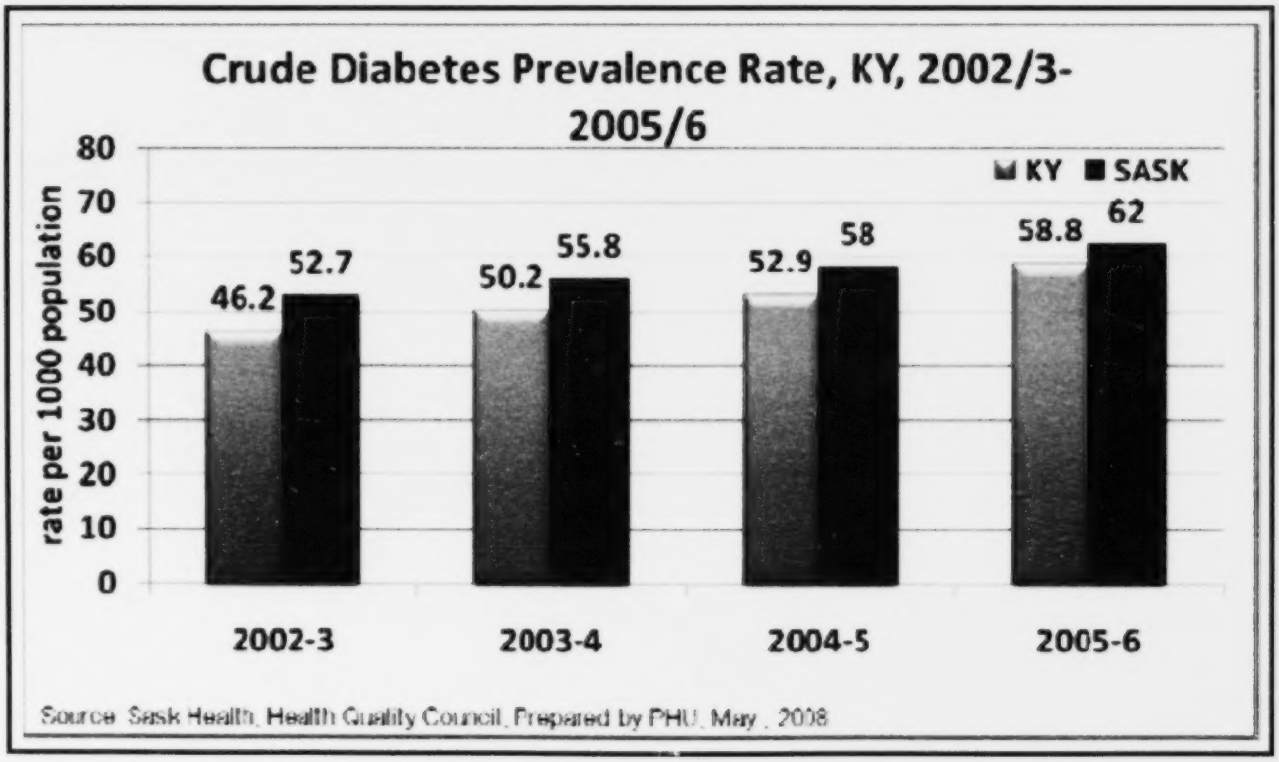
Teen Pregnancy

The teen pregnancy rate in KY had been gradually decreasing from 177 pregnancies per 1000 females aged 15-19 yrs in 1997/8, to 100 pregnancies in 2003/4. However, in 2005/6 the rate had a slight increase to 111 pregnancies per 1000 females aged 15 to 19 years of age. The provincial rate remained the same between 2003/4 and 2004/5 at 43 pregnancies per 1000 females, and is less the half the KY rate.



Self rated health status is good indicator of overall health as it corresponds with the individual's personal meaning of health. Thus, this indicator can capture components of health, such as early stages of disease, disease severity, aspects of positive health status, physiological and psychological reserves and social and mental function, which other measures can not.

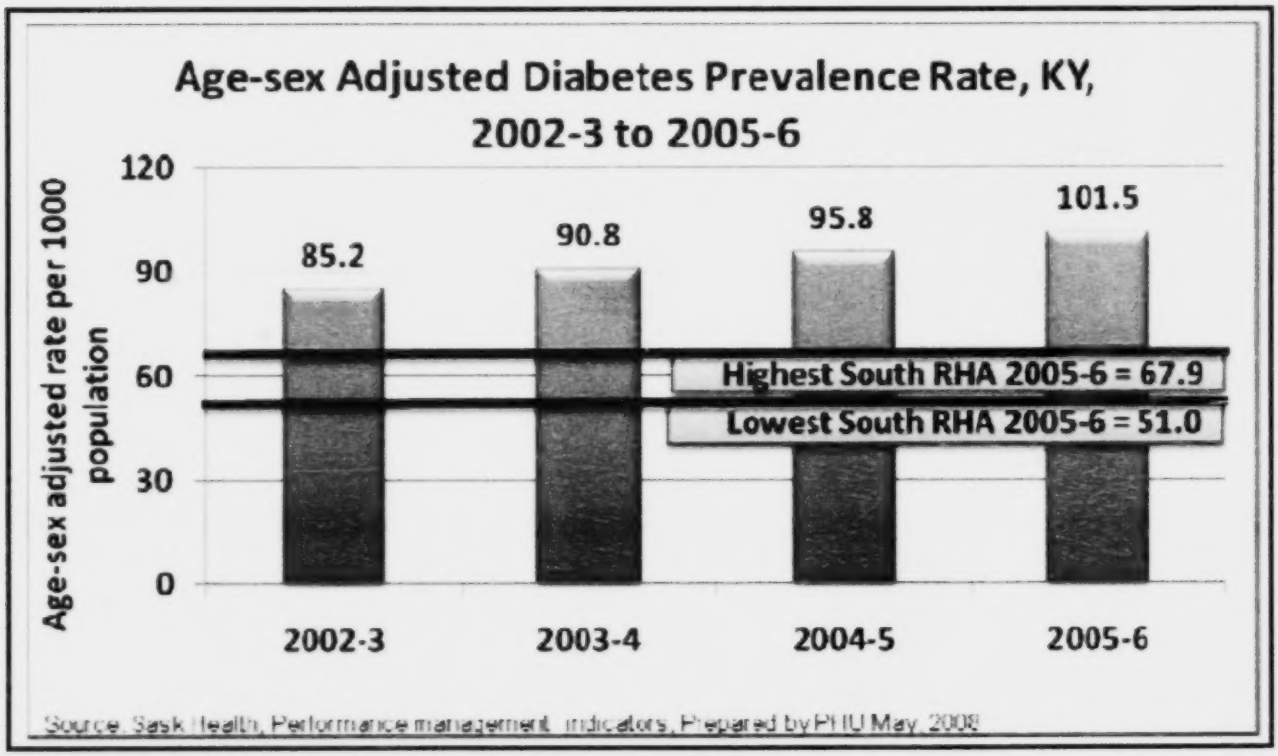




Since 2003, Northern residents' self rated health status has remained relatively stable in the very good category (32.9 in both 2003 and 2005) but has decreased in the excellent category (18.4% in 2003 and 15.1% in 2005). The province has seen decreases in both the very good (38.6% in 2003 and 35.8% in 2005) and excellent categories (20.8% in 2003 and 16.6% in 2005); however both categories of self rated health status remain higher at the provincial level than in the northern health authorities.

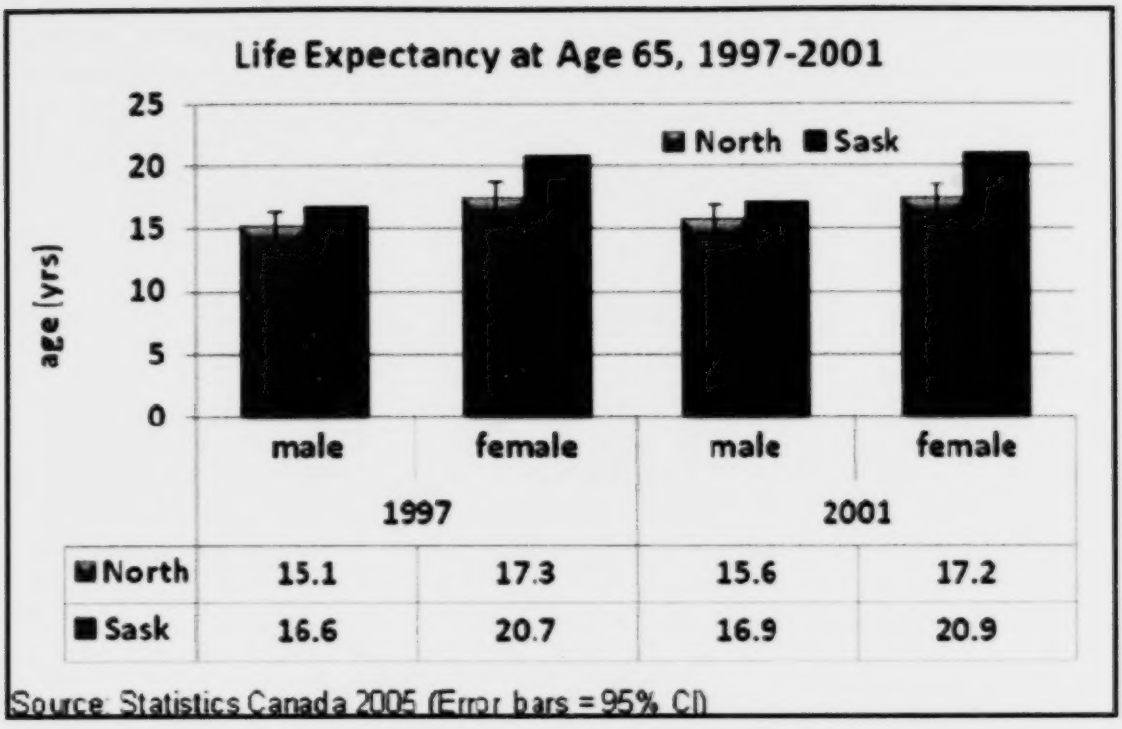
The proportion of KY individuals living with diabetes (prevalence rate) has been steadily increasing since 2002-3, up by 27% in 2005-6. The provincial numbers also increased over the same time frame, going from 52.7 cases per 1,000 population in 2002-3 to 62 cases in 2005-6.

As the middle-aged and elderly (who have higher rates of diabetes) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. The adjusted proportion of people living in KY with diabetes has been steadily increasing since 2002/3, up by 16.3 cases in 2005/6 and is currently the second highest rate in the province, 49% higher than the closest southern RHA. This would indicate the overall risk of diabetes is much greater in KY than in the southern RHA's



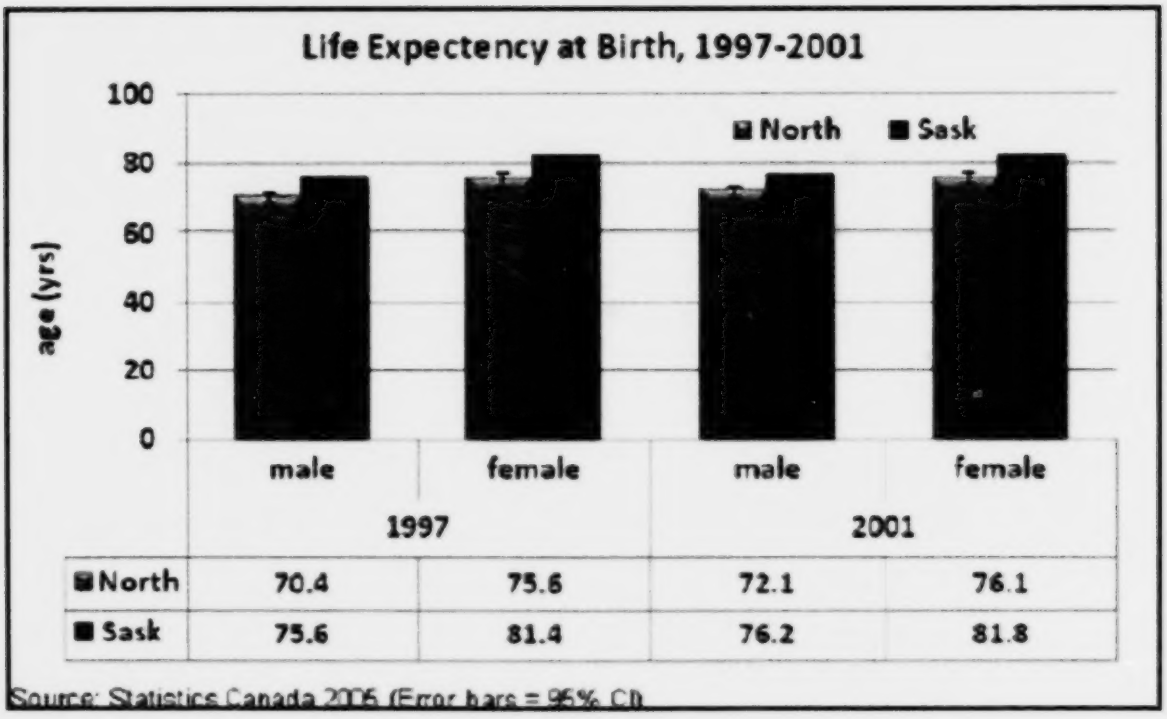
Life expectancy (at birth and at age 65 years)

The life expectancy at birth in the three northern health regions increased 0.5 years among females to 76.1 years and 1.7 years among males (to 72.1 years) from 1997 to 2001. Although the life expectancy for northern residents remains significantly lower than for all of Saskatchewan, the gap in life expectancy at birth is closing with only a 0.4 year gain among females (to 81.8 years) and 0.6 year gain among males (to 76.2 years) across Saskatchewan in the same period.



	1997 male	1997 female	2001 male	2001 female
North	15.1	17.3	15.6	17.2
Sask	16.6	20.7	16.9	20.9

Source: Statistics Canada 2005 (Error bars = 95% CI)



	1997 male	1997 female	2001 male	2001 female
North	70.4	75.6	72.1	76.1
Sask	75.6	81.4	76.2	81.8

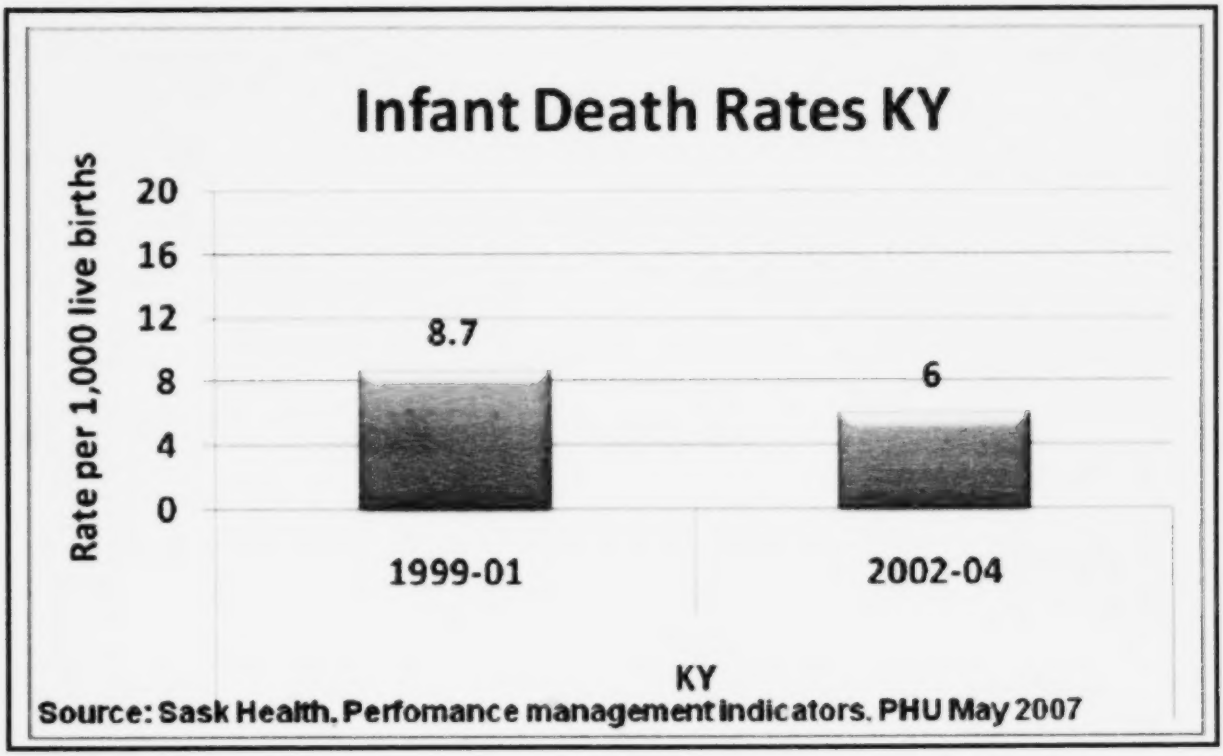
Source: Statistics Canada 2005 (Error bars = 95% CI)

The life expectancy among those who reach age 65 in the three northern health regions decreased from 1997 to 2001 by 0.1 year among females (to 17.2 years of life or 82.2 years of age) and 0.5 years among males (to 15.6 years of life or 80.6 years of age). For all of Saskatchewan, females at age 65 in 2001 could expect to live 0.2 years longer than in 1995 and males could expect to live 0.3 years longer.

Northern Saskatchewan residents have the lowest life expectancy in the province at birth and at age 65, reflecting their overall health status in comparison to their southern counterparts, as well as the influence of health determinants such as the proportion of the population living in poverty. Higher rates of infant mortality and premature deaths from injuries seen in the north could also be a contributing factor to the lower life expectancies of northern residents.

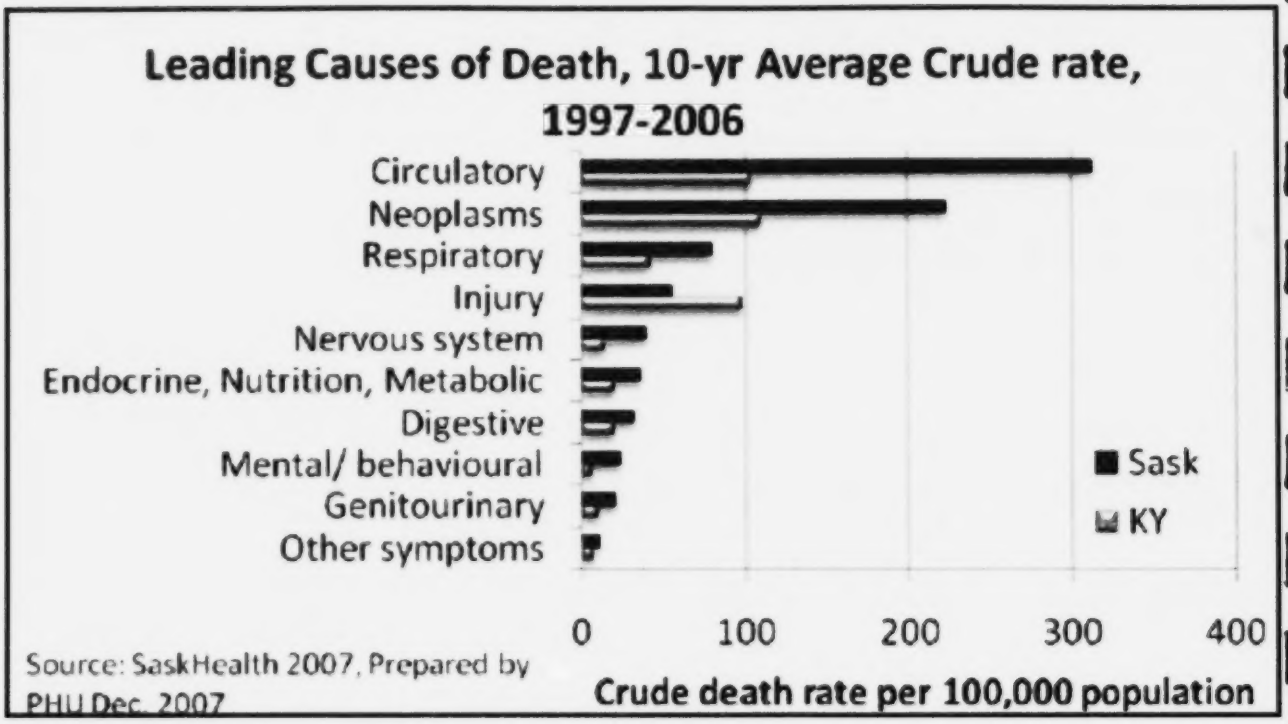
Infant Deaths

There were fewer than 5 infant deaths in the KY Health Region in the three year period of 2002 to 2004 compared to 6 in 1999-2001. With small numbers, there can be wide fluctuations in rates from one time period to another. This represents more than a 30 percent decrease in the infant mortality rate (IMR) from 8.7 infant deaths per 1,000 live births in 1999-2001 to 6.0 in 2002-4. Preliminary data for 2005 indicate a rate of 5.8 deaths per 1,000 live births. In comparison, the IMR for Saskatchewan dropped from 6.2 to 5.9 infant deaths per 1000 live births from 1999-2001 to 2002-2004.The infant mortality rate is a measure of child health and also of the well-being of a society. It reflects the level of mortality, health status, and health care of a population, and the effectiveness of preventive care and the attention paid to maternal and child health. Increased funding and efforts aimed at reducing infant mortality in northern regions over the past two years have been focused on improving prenatal nutrition and prenatal care, as well as reproductive health education.

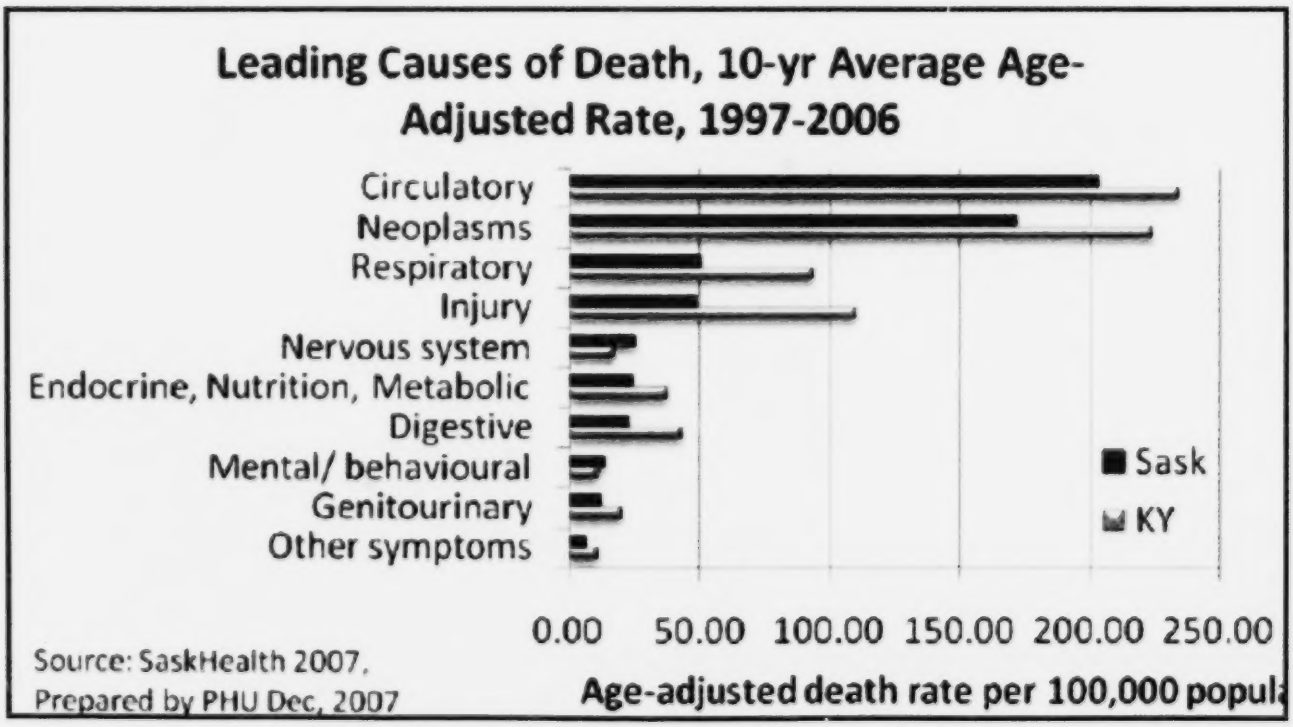


Leading Causes of Death:

The leading causes of death in KY (crude rate) between 1997 and 2006 were neoplasms, circulatory diseases, and injuries. In contrast, the leading causes of death in Saskatchewan, over the same time period, were circulatory, neoplasm and respiratory diseases. This difference is not surprising as the population in KYHR is much younger (where injuries are more dominant), with less population in the older age groups (where the chronic conditions such respiratory diseases are more common).

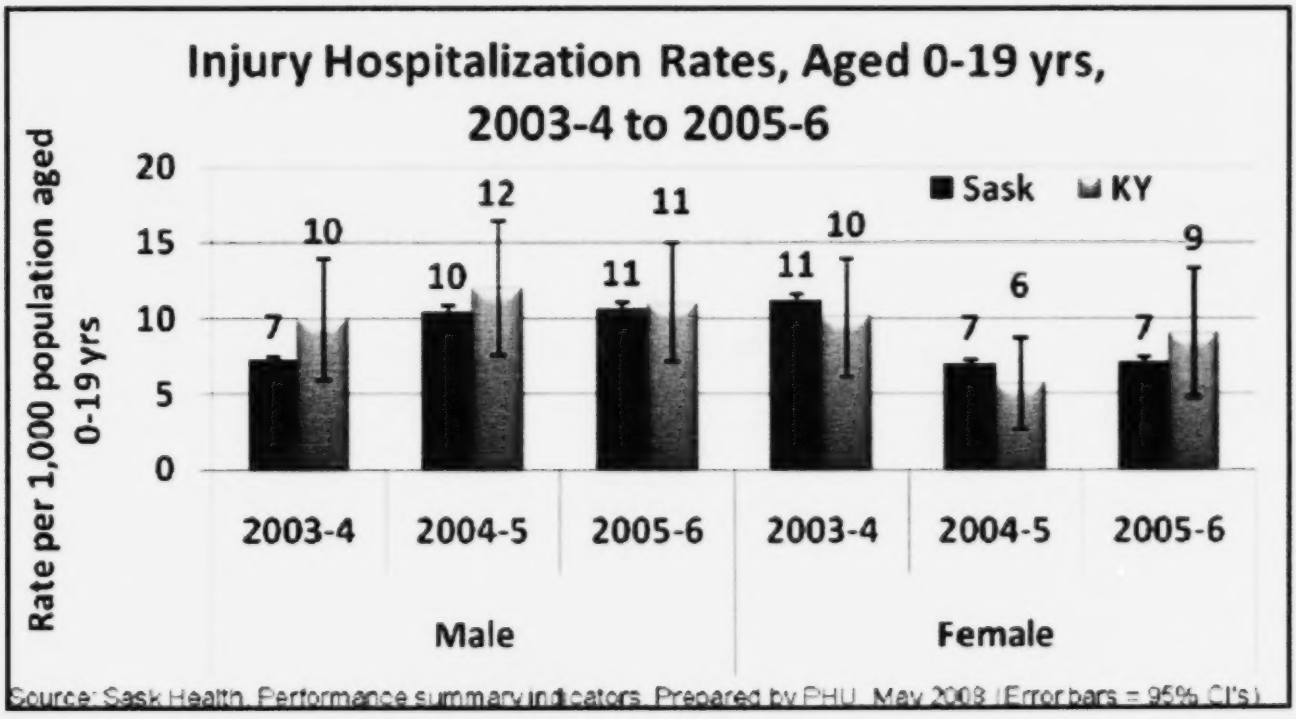


As the middle-aged and elderly (who have higher rates of chronic diseases) make up a smaller proportion of the northern population, age-sex adjustments have to be made in order to allow for provincial comparisons. After these adjustments are made, circulatory diseases, neoplasms, injuries and respiratory diseases remain the 4 leading causes of death in KY; however these rates are now higher than the provincial rates. Age-standardization allows for a more accurate comparison of health risks between population groups.



The injury hospitalization rate for children and youth aged 0-19, has increased from 5.7 cases per 1,000 population in 2004/5 to 9.0 cases in 2005/6 for females in KY. The KY rate is now slightly higher than the provincial rate of 7.0 cases, which remained relatively stable from 2004/5 (6.9). In males, KY seen a slight decrease in the rate from 2004/5 (12.0) to 2005/6 (11.0). A small increase was seen at the provincial level in males where the rate increased from 10.4 cases in 2004/5 to 10.6 cases in 2005/6. However, caution should be taken when comparing the northern rates, as the relatively small numbers of injury-related hospitalizations can lead to wide fluctuations in year to year rates, as well as lower confidence in the values (as seen by the very large 95% confidence intervals).

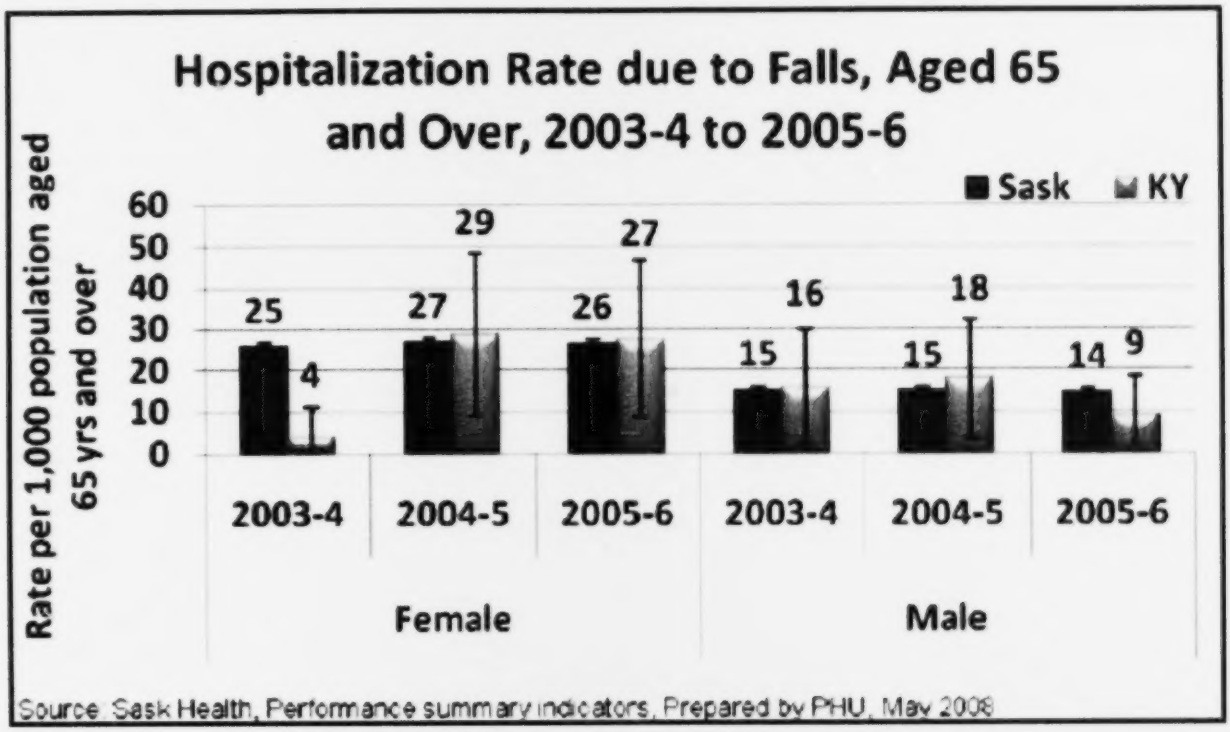
The hospitalization rate due to falls in the KY population aged 65 and over, decreased in males from 17.9 hospitalizations due to falls per 1000 population in 2004/5 to 8.6 hospitalizations in 2005/6. In KY females, the rate decreased from 28.5 hospitalizations to 27.4 hospitalizations, over the same time period. At the provincial level, rates remained relatively stable with the male rate decreasing from 14.7 to 14.3 and the female rate decreasing from 26.6 to 26.4, during the same time period. However, caution should be taken when comparing the northern rates, as the relatively small numbers of hospitalizations due to falls can lead to wide fluctuations in year to year rates, as well as lower confidence in the values (as seen by the very large 95% confidence intervals).



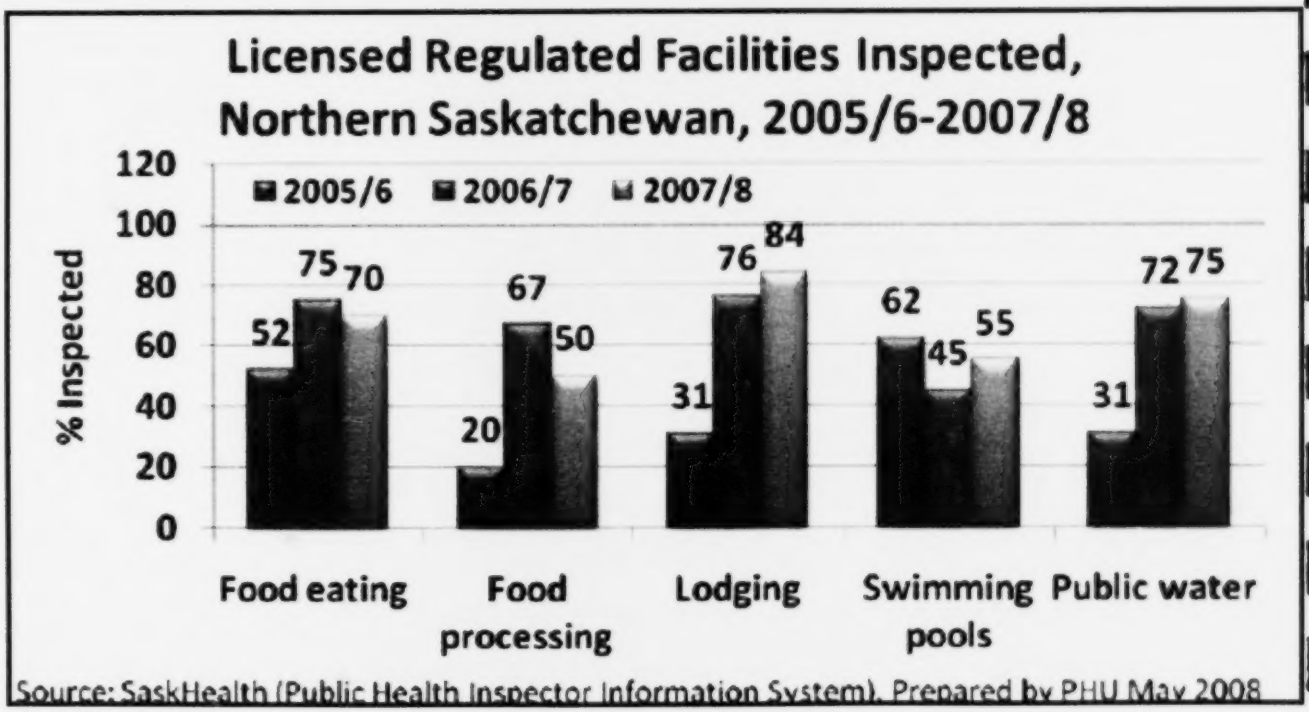
Source: Sask Health. Performance summary indicators. Prepared by PHU, May 2008 (Error bars = 95% CI's)

The percentage of licensed or regulated facilities that were inspected in the North increased for swimming pools, lodging and public water supplies by 10, 8 and 3 percent, respectively, between 2006/7 and 2007/8. During the same time period, inspection rates for food eating and food processing establishments, decreased by 5 and 17%, respectively. In both cases, inspection rates in 2007/8 were substantially higher than rates during the 2005/6 year (18% for food eating and 30% for food processing). It is important to note there are very few swimming pools and food processing establishments in the north, thus small changes in the number of inspections, or quality of the data, can lead to large fluctuations in inspection rates from year to year. There has been a concerted effort to clean up the data management system to achieve more accurate numbers in the future. As well, we continue to face challenges in delivering inspection programs in remote fly in fishing camps. The health inspectors plan air travel to

make the most efficient use of resources, however they occasionally arrive at camps that are not open or parts of the operation are not functioning (e.g. whirl pool is not in operation so inspection, water sampling and water testing cannot be completed). Thus, that inspection, or component of the inspection cannot be completed resulting in decreased inspection rates. Our target for completion of licensed facilities is completion of 100% of facilities in our area; we will continue to focus on high quality service delivery, improve data collection and data management of the Environmental Health System and ensure that programs are delivered.

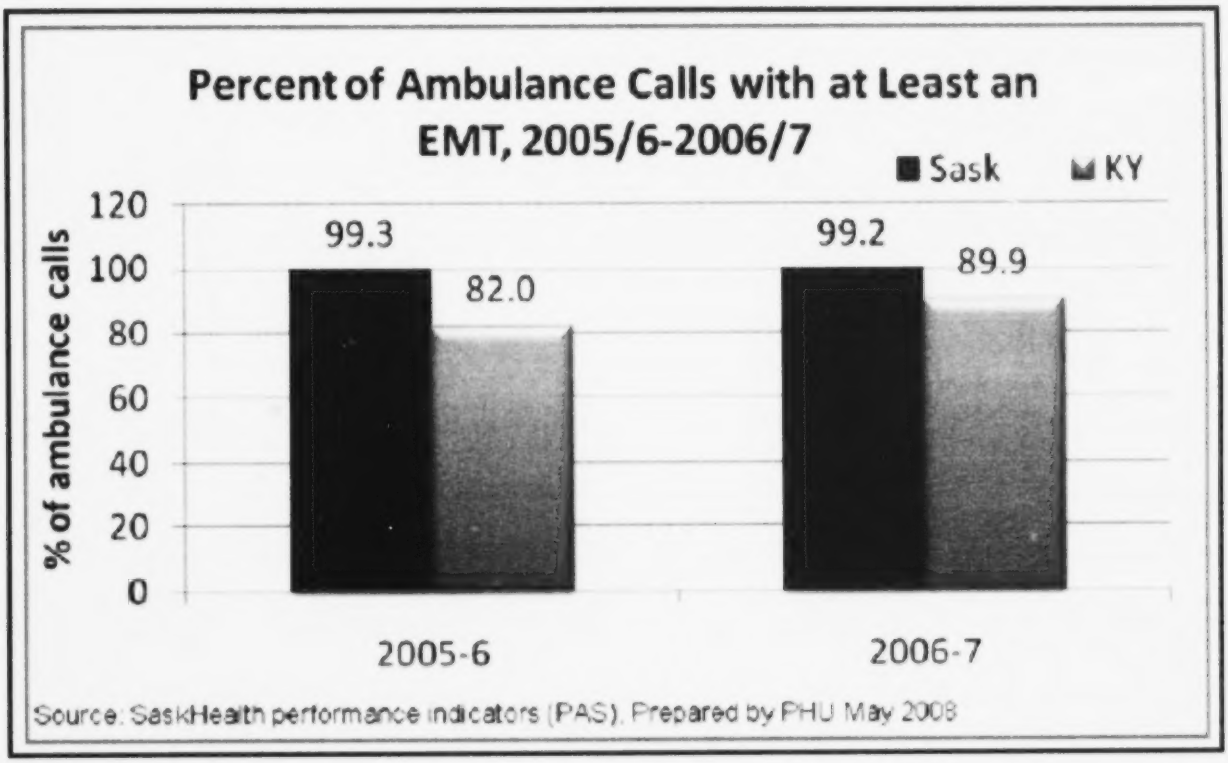


Source: Sask Health, Performance summary indicators, Prepared by PHU, May 2008

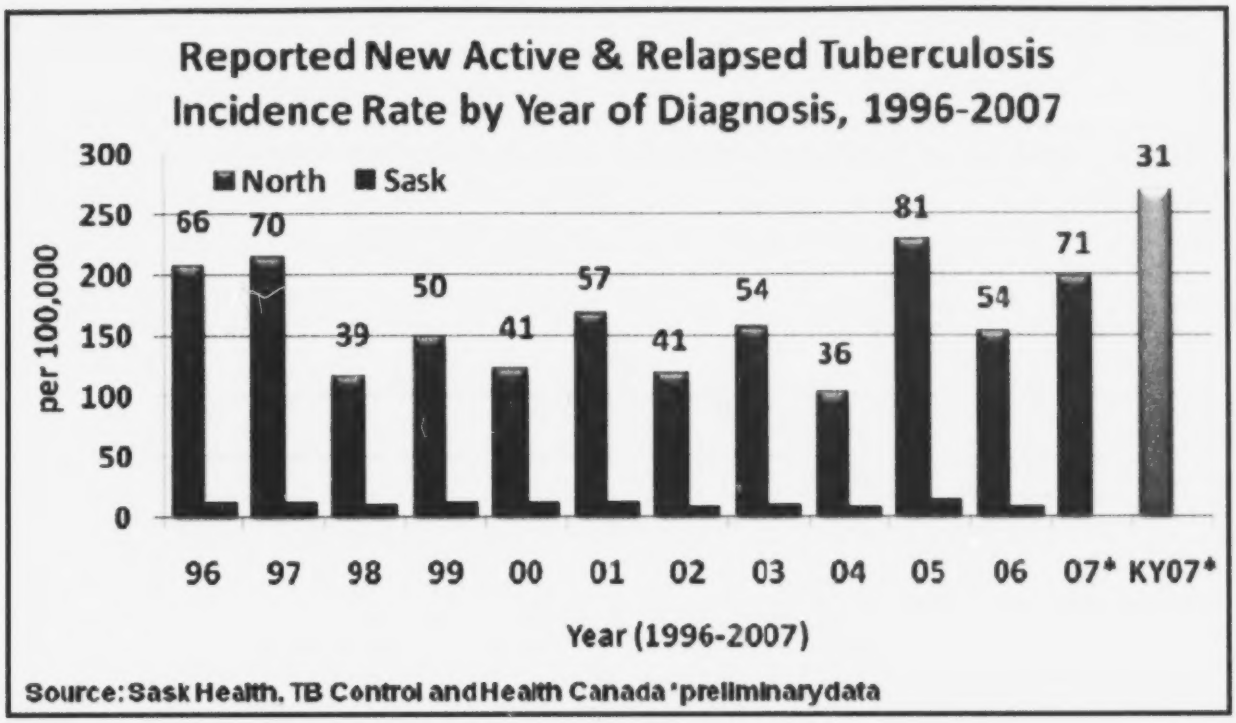


Source: SaskHealth (Public Health Inspector Information System), Prepared by PHU May 2008

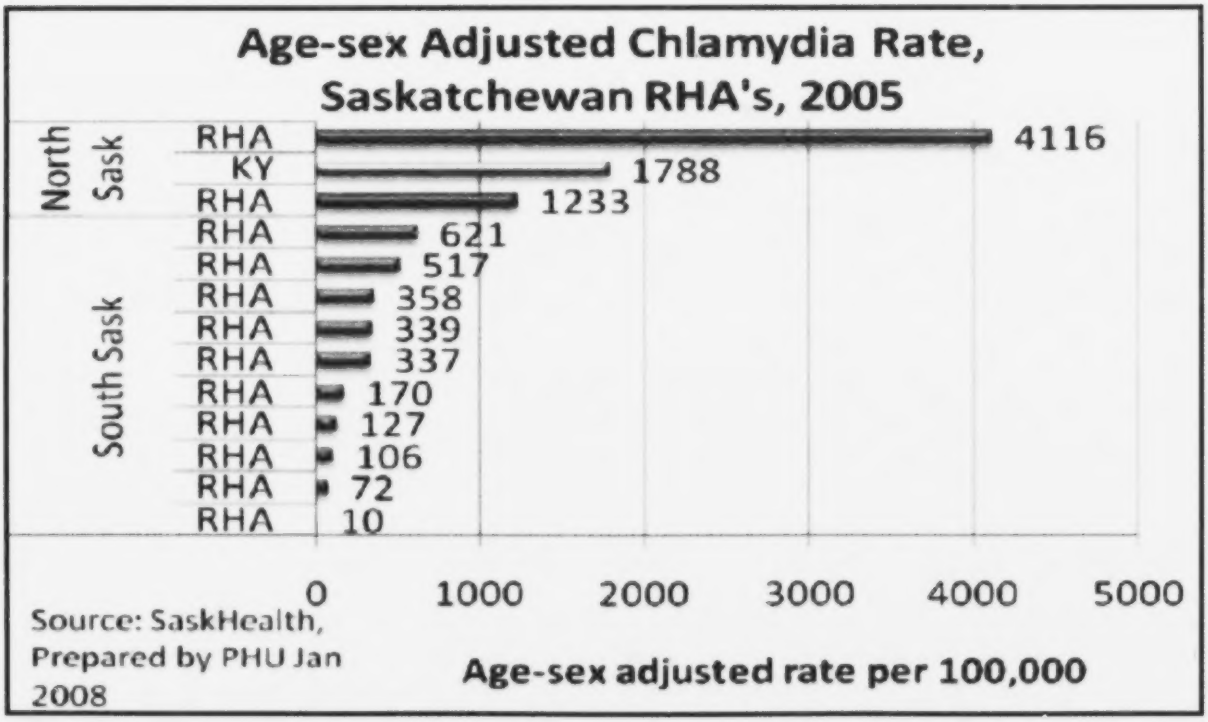
One of the key factors in emergency situations is the presence of expert responders. In 2005/6 KY received 907 ambulance calls and of those calls, 82% of them were answered by individuals with at least emergency medical technician (EMT) training. In 2006/7 the number of calls increased to 1,654, with 89.9% of those calls being answered by individuals with at least EMT training. Compared with the other health regions in the province, the KY rate was the lowest in both 2005/6 and 2006/7.

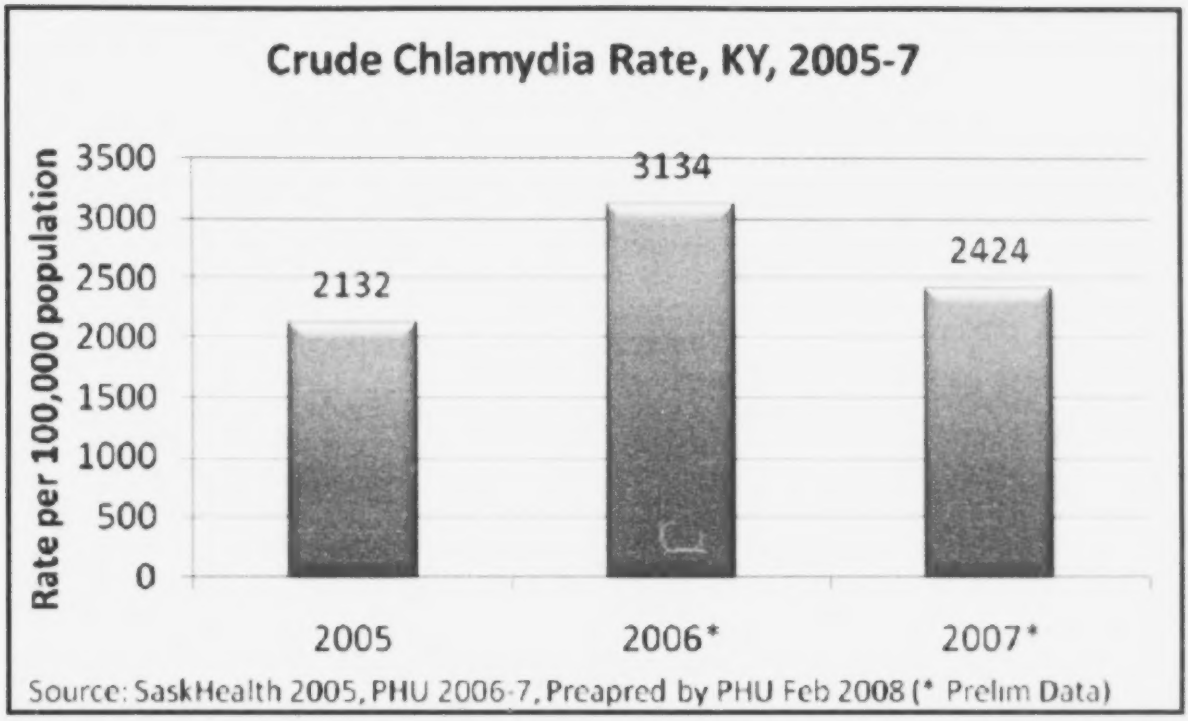


Tuberculosis: In 2007 the North had an increase in its TB rate from 152.5 cases per 100,000 in 2006 to 198.1 cases in 2007. On average, between 1996-2006, the northern Saskatchewan new and relapsed TB incidence rate has been 32 times greater than the southern Saskatchewan rate. Of the 71 northern cases of new active and relapsed TB cases, 31 were residents in KY. The 2007 rate in KY of 269.3 cases per 100,000 population also remains considerably higher than the provincial rates over the past 10 years. About 90% (28/31) of the new and relapsed cases of TB in KY for 2007 were living off-reserve.

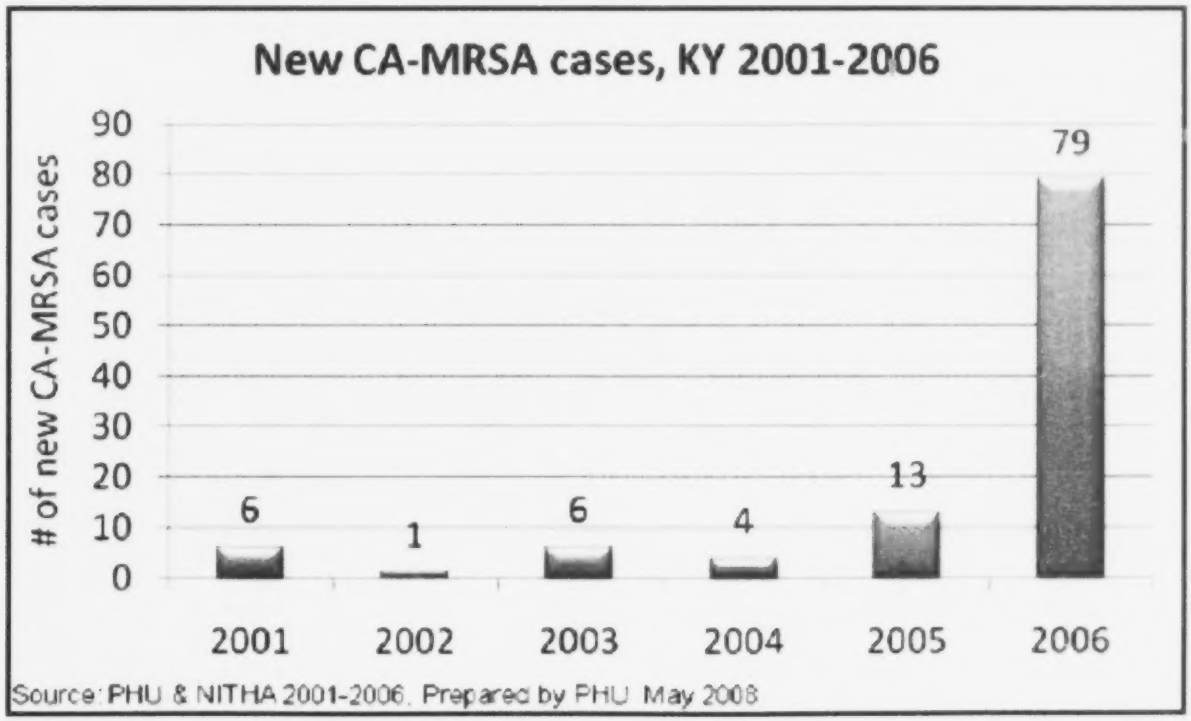


Sexually Transmitted Infections: After adjusting for age and sex, the 2005 rate of Chlamydia in KY, 1788 cases per 100,000 population, remained 2.9 times higher than the closest Southern Health Region. Using preliminary PHU data, the KY crude Chlamydia rate initially increased by 47%, from 2132 cases in 2005 to 3134 cases in 2006, before decreasing in 2007 to 2424 cases per 100,000 population. The 2007 rate remains nearly 15% above 2005 levels.





Methicillin-resistant Staphylococcus aureus (MRSA), a Staphylococcus bacterium resistant to common antibiotics including methicillin, has been known to occur in hospital settings. More recently, it has been shown to occur in the community setting, and is known as community-acquired MRSA (CA-MRSA).



In the north, the community-acquired MRSA predominates and has been on the rise in KY since 2001. The number of new CA-MRSA reached its highest total in 2006 with 79 new cases. CA-MRSA can result in a variety of skin and soft-tissue infections ranging from boils to severe bone or muscle infections and can also result in severe pneumonias. Increased attention to community-based hygiene conditions and education as well as infection control strategies are required.

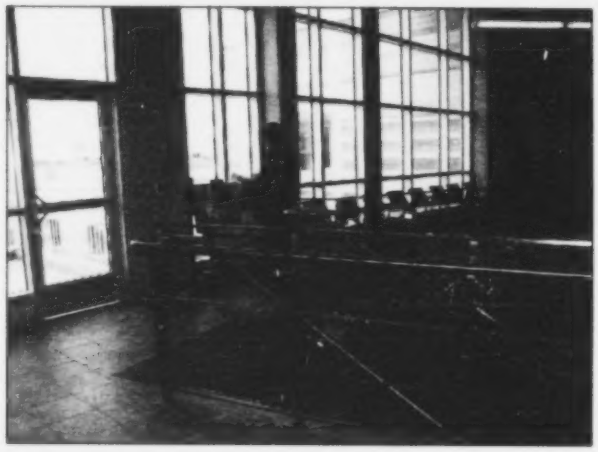
There has been significant expansion in the mineral and uranium exploration in the north. This has significant potential ramifications as it relates to population changes and economic development but also has potentially serious ramifications as it relates to social health concerns. Our Population Health Unit was involved with 7 new projects across the north that went through the environmental assessments review process this past year. This accounted for 36.8% of the total number of projects that went through the review process in Saskatchewan. As well, there were 5 projects had had adjustments made to their plans that required them to go through the review process. This is almost the exact same number (45%) as the other 10 southern health regions combined, who had 6 projects with adjustments. The north was also involved with 4 human health risk assessments in 2007-8.

Source: Sask Environment, Prepared by PHU June 2008

2007-08 Results at a Glance

The goals and objectives of the health region are consistent with the broad provincial goals for the health system as per Saskatchewan Health Care Provincial Plan.

Goal 1 – Improved Access to Quality Health Care



- Implementation of facility-specific Quality Care Improvement Committees to allow for problem-solving and improved service delivery at a local level.
- Buffalo Narrows EMS Division designated as Advanced Life Support service in 2007.
- Implementation of walk-in clinic services in all facilities.
- Coordination of Public Health Nursing Team to deal with the shortage of Public Health Nursing in La Loche.
- Promotion of the Provincial Health Line in the regions Aboriginal languages and appropriate postings.
- Transfer to the new health facility in Ile-a-la-Crosse provides for more efficient and effective quality service delivery in the area of increased LTC beds, improved access to community health services by integrating the services, and reduced response times for EMS by housing the ambulance on site.

Goal 2 – Effective Health Promotion and Disease Prevention

- Ongoing participation in the Northern Healthy Communities Partnership to support healthier places to live, work and play.
- Promotion of regional initiatives to support healthy lifestyles
- Develop linkages/networks to support healing and healthy lifestyles
- In house production of the Keewatin Yatthé Newsletter for staff and region residents to promote and support health awareness, promotion, and education
- Ongoing participation in Literacy Project – enhancing Early Childhood Literacy (0-5) by implementing and promoting a touch/read program – upstream strategy as this addresses building capacity for action and utilizes evidence based practice for early childhood development

Goal 3 – Retain, Recruit and Train Health Providers

- Recruitment of a Manager of Nursing Services in January 2008.
- Hiring of a Nursing Consultant to review skill sets and competencies of nursing staff, coordinated on-site education enhancements (ACLS, CPR re-certification, transfer of medical function), and developed and implemented centralized sterilization process.
- Enhanced benefit provisions to OOS in efforts to improve consistency.
- Continued increase efforts in attendance at college and careers fairs.
- Implemented a finders fee and a sign-on bonus program in January 2008.
- Increase of provision of clinical practicum's in all areas (Special Care Aid, Nutrition, RN and RNNP's, Addictions and Mental Health, Medical Residency).

- Partnerships with Northlands College, Gabrielle Dumont Institute, to increase awareness of employment opportunities within the RHA and to accommodate for training initiatives.
- State-of-the-art integrated facility in Ile-a-la-Crosse provides an access for secondary students to explore and experience careers in Health Services. The facility also provides an attractive work environment which is an attraction feature for potential professionals.
- Participation in Leadership Development and Management Succession Program through Saskatoon Health Region.
- Provision of Respectful Workplace Training to help create and maintain and encourage non-toxic work environments.
- Management commitment to ensuring respectful workplaces through human resource processes.
- An increase of housing units in La Loche to improve security and staff safety. The units are being built brand new with scheduled move-in date in August 2008 and are located within walking distance to the Health Centre providing easier access.

Goal 4 – A Sustainable, Efficient, Accountable Quality Health Systems

- Provided the reports (August 2007, and February 2008) as required by the Canadian Council on Health Services Accreditation
- The Region had an independent EMS review performed by Prairie North Regional Health Authority to identify strengths and weaknesses in service provision and to provide recommendation for improved services.
- Timely media releases and coordinated interviews for public information and commitment to transparency.
- Development of an Internal newsletter and continued production of the Keewatin Yatthé Newsletter for region-wide distribution.
- Continued partnerships with agencies such as Kids First North, Canadian Pre Natal Program, Provincial TB Program, SGI, and regional community networks.

Financial Summary Financial Summary

The Region achieved an operating surplus of $39,754.

Several one-time events placed severe financial stress on the RHA throughout the year. These stresses were eventually mitigated through obtaining additional funding and vacancy management.

A disproportionate amount of resources continues to be allocated to overtime costs. The Region spent over $1.5 million on overtime, which is a significant portion of the operating budget. Excessive overtime and vacancies have a negative impact on the quality of service delivery, as well as reduces financial flexibility in adapting to various operational needs and pressures.

The RHA has financial challenges in ensuring adequate capital funding to support the Region's infrastructure. Poor road conditions, sub standard telecommunications and a fickle power supply place additional stress on our already challenged infrastructure.

Dashboard indicators: The region can operate for 7.2 days on working capital. The operating surplus was 0.2% of total expenditures. Expenditures in the program support pool were well within the 12% threshold, at 10.5%.

2007-08 Performance Results

Goal 1 - Improved Access to Quality Health Care

Primary Health Services

- Completion of the Ile-a-la-Crosse Integrated Services Centre, a joint venture with the Ministry of Learning. The new Centre houses St. Joseph's Health Centre (sq feet, what services available, beds…)
- Maintenance of facilities and services to meet the goal of reasonable access.
- Hiring of a Manager of Nursing in January 2008.
- Hiring of a Director of Primary Care in January 2008.

Goal 2 – Effective Health Promotion and Disease Prevention

- Participation in an Annual Youth Outdoor Wellness Conference (focus is on the promotion of healthy choices/lifestyles)
- Annual regional Walking for Wellness Program- promotes active and healthy lifestyles.
- Regional Diabetes Relay – in partnership with First Nations communities to enhance supports for diabetes prevention with an emphasis on healthy eating and active living.
- Community Capacity Building – staff and community training in Applied Suicide Intervention Training to enhance prevention efforts and to minimize potential years of lost life in partnership with the Northern Lights School Division.
- Promotion of regional Youth Leadership Training in partnership with community groups/agencies.
- Establishment of Regional Health Promotion Committee to enhance mental well-being and decrease substance use/abuse by creating supportive environments and strengthening community action region wide.
- Recruitment of Community Development Consultant – development of a community engagement framework/process to enhance community health development across the region.
- Development of a regional suicide prevention strategy to enhance prevention, intervention and post-intervention supports to the region's residents.

Challenges

Challenging health status issues that require ongoing engagement and capacity building with the community at large to ensure positive health outcomes. Capacity building toward community development is both labour and time intensive.

Goal 3 – Retain, recruit and train health providers

- KYRHA developed a new Retention, Recruitment & Training Strategy, focusing on retention as the critical element to the strategy in January 2008. Engaged staff participation from various departments who became instrumental in the development of this strategy.
- Management Competency Development – performance appraisals.
- Amalgamation of the regional payroll & benefits departments ensures consistency.
- Participate in the Northern Health Human Resource Data Collection process, a joint Federal/Provincial initiative that will be used to design a Northern Health Human Resources Training Plan.
- Working closely with Training Institutions to ensure that training in the region will respond to the ever-changing employment demographics. The region will be host to a Health Access program in the fall of 2008 and has requested that training for Mental Health & Addictions counselors also become priority for training institutions.

Pictured in the first photo above: Sharon Taylor (far left, in green,) co-ordinates monthly staff orientation sessions in which participants have an opportunity to learn more about the Health Region.

Goal 4 – A sustainable, efficient, accountable, quality health system

- Quality Performance Improvement Committee, established by the Board in May 2007 as a commitment to the priority of Patient Safety for Keewatin Yatthé Health Region Residents.
- Board approval of establishment of an Ethics Committee to develop an ethics program for the region as part of the Accreditation report.
- Development of a Risk Management Program to align with Accreditation standards.
- Awareness of client concern handling continues to be on-going though the monthly staff orientation sessions. There were 64 Client Concerns received in 2006-2007. Of these, 52% of the concerns were resolved within 30 days.

Dashboard Indicators: No critical incidents were reported for 2007-2008 in the RHA.

Future Outlook/ Emerging Issues

Guiding values and principles foundational to the strategic plan of KYRHA is reflected in the commitment of the Health Region to provide quality health services delivery and the commitment to address major health concerns existing in the region. Strong public health principles and a community development approach that supports and builds on existing strengths and skills of the communities within the service area comprise the core of these guiding values and principles.

The RHA understands that the health of the region residents is challenged by a number of key existing conditions such as: socio-economic conditions, mental health and addictions, access to services, geographical conditions. The RHA continues to endeavour to improve the health status of the residents by creating independence through self-reliance and personal responsibility. One of the key strategies has been our commitment to partnerships with organizations such as First Nations Health, Kids First North, and other agencies that work in the human services areas such as Community Resources and School Divisions. Influencing the determinants of health is not possible without the partnerships that the region has created. Because the determinants of health significantly impacts on service and program delivery, one of the key strategies in addressing these issues is the development and sustaining of these partnerships.

As identified by many community development initiatives world-wide, it is through empowered and educated communities and through a strong, fair, sustainable, and responsive system of health services delivery that solid improvements to health status can be made. Board Members of KYRHA who were also honoured elders in the region, had this vision and dream of providing such an environment for the people of the region – they had the faith to imagine the human potential around them.

KYRHA has identified a number of the challenges faced in achieving objectives and along with emerging issues, they have been identified as follows:

Partnership Development: One of the key partnerships is the Northern Health Strategy (NHS). The NHS creates opportunities for key Northern partners to come together to discuss cross-jurisdictional issues that create barriers for clients who get caught between agencies. Through these opportunities for discussions, sound recommendations in the areas of chronic disease, mental health and addictions, community development, and oral health have been collected. It is essential that the Northern Health Strategy continue to follow through with the innovative work that has begun, and influence the future prospects of the performance of KYRHA.

Human Resources: Human resources continues to be a significant struggle for the RHA. Due to limited human resources in acute care centers, a disproportionate amount of resources have been allocated to this funding pool. As per the Accountability Agreement to maintain minimum requirements to operate northern hospitals, we are obligated to do so at a premium cost incurring huge overtime expenses. Such excessive cost also means a reduction to community based services – which can potentially compromise staff safety and patient care. Investment in long-

term training initiatives can meet a significant part of the human resource needs in health services delivery. Also, as the region continues to see growth, the RHA will face increased competition for human resources, and it is vital that education meet health requirement.

Recruitment and retention of staff: In the area of recruitment and retention of staff, the region continues to be at a critical state in Registered Nursing (RN's) for our hospitals, most especially at the La Loche Health Centre. As a result of nursing shortage, acute care beds have had to be closed for periods of time. For the 2007-08 period, such conditions also existed among laboratory staff for both of the health centres in La Loche and in Ile-a-la-Crosse. The region is able to recruit off shore nurses to make up for the shortfall, but this is at a very high expense.

The RHA continues to see significant potential opportunity in the regions young population. With an increased number of youth pursuing post-secondary education, and entering the work force, there is continued effort in investment in this demographic through participation at youth conferences, bursary programs, and presentations at career fairs targeting upcoming high school graduates and college students. As the RHA invests in these youth, there is an understanding that an investment in the future of the Keewatin Yatthé region...and beyond.

Retention initiatives were enhanced during the 2007-08 year. Provincial grants continue to assist in our recruitment efforts and the RHA continues to be appreciative of such support from the Ministry.

Staff shortage: Staff shortages, is one of the chief reasons for excessive overtime. Although Creative management strategies and diligent work to recruit and hire appropriate staff have helped to maintain services, the RHA needs to be able to fill positions which can provide support and leadership to front line staff.

The socioeconomic conditions also dictate the type and availability of employment pools. Without the necessary casual employment pools to draw from, service is delivered at a premium cost. In the meantime, continued concentrated efforts on scholarships and bursaries for students from the region is one of our long term strategies.

Staff housing: Due to high staff vacancies throughout the year, staff housing issues were not as prominent as in previous years when lack of available housing for staff posed a major risk to the RHA. The region anxiously awaits the completion of the four new units in La Loche.

Office space: Municipal infrastructure in the region remains a challenge in the areas of available space to accommodate office needs for the RHA. Occupational Health and Safety issues around the state of facilities impact on the morale of our staff. The majority of the buildings used are leased through Saskatchewan Property management and local owners which mean that necessary upgrades or improvements are problematic to secure.

The July 2007 Facility Condition Assessment conducted by VFA Inc., identified three regional facilities as 'beyond useful life' with a number of critical conditions. To follow recommendations would cost in excess of $1,000,000.

The Board continues to identify existing facility conditions as a priority and will continue to work with the Ministry regarding solutions to replacement of existing buildings.

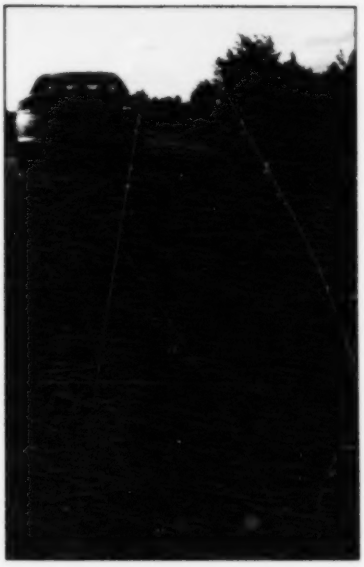
Homecare: Areas identified as risks and barriers to providing services include:

Availability of and participation to key training sessions. Most training is only available outside of the region which means additional and costly expenses.

Distance between communities is vast and travel to re-

which means additional and costly expenses.

- Distance between communities is vast and travel to remote satellite communities means accessing hazardous gravel roads.
- Concern among staff who must travel alone during inclement weather.



Mental Health and Addictions: Staff continues to make every attempt to inform the residents in the region of the services that are offered. An emerging issue of concern in 2008 was the Federal implementation of the Indian Residential School Survivors Settlement, which meant that the region had to develop new strategies to provide additional counseling and to assist recipients and families in areas such as coping skills and the importance of exercising wise financial decisions. The NorthWest Alcohol and Drug Abuse Centre was 'phased out' with services transitioned to the new facility in the St. Joseph's Health Centre in October 2007. The hope continues to be the establishment of a drug/alcohol rehabilitation centre in the community of Beauval, which would service the entire region, and would allow the RHA to provide residential treatment which we believe is essential for successful rehabilitation.

Physician Services: Region residents struggle with current services which involve the majority of physicians being transient. Such conditions means residents are unable to see the same physician with any regularity. Frustration exists among clients due to inconsistencies of treatment, quality of services, and many times a lack of sufficient cultural awareness which is necessary to build a relationship of trust and the understanding needed for quality and compassionate treatment.

There continues to be no direct physician services in the community of Green Lake, making it difficult to obtain recent lab and medical information.

No physician services in satellite communities present an access issue.

Dietician Services: Services were significantly reduced in February 2008 due to the resignation of the Regional Dietician. Some of the responsibilities have been assumed by the Regional Nutritionist. Prior to the resignation, the following conditions continued to be a challenge to the Dietician:

- Increasing number of referrals for outpatient dietician counseling meant more days per month required for outpatient clinics. Current wait time for dietitian serviced varied between 1 and 3 months depending on community and urgency of referral.
- The regional position limits ability of clients to access dietician services within their community more regularly. The Regional Dietician provides phone appointments for clients requesting follow-up in between community visits.
- Difficulty in booking appointments for dietician referrals for satellite communities. Appointments must be arranged for days when taxi services are provided and often clients do not have coverage for taxi. Chart reviews need to be completed prior to visit as medical information is not accessible in satellite communities.

Nutritionist Services: Regional Nutritionist services were significantly reduced in August 2007 due to the resignation of the Regional Nutritionist. The position was filled in March of 2008. Some of the responsibilities during the vacancy were assumed by the Regional Dietician. In the future, we would like region residents to recieve the benefits of: Public health nutritionist services such as healthy food policies, food security initiatives, nutrition education, practical nutrition services such as cooking classes and grocery store tours – initiatives which would greatly help to

prevent diabetes and other nutrition-related diseases in the long run (upstream programming). The focus continues to be on treatment, when prevention is what is needed, particularly with the majority of the population being under the age of 25. It is sobering to acknowledge that if solid and increased efforts in prevention is not done now, the RHA will be unable to keep up with the treatment demands of the future. Recruitment and retention make execution of such an initiative almost unreachable.

Food Services: Limited quality assurance and risk management protocols are in place for food services. Management has begun to address this issue throughout the year with appropriate training put in place for St. Joseph's Health Centre in the new Integrated Services Centre.

Demographic trends: 30% of the population is between the ages of 0-14 years, 20% between the ages of 15-24 years, an increasing number between the ages of 40-65 years (and up) – Saskatchewan Covered Population 2006)

Research shows an increase in diabetes, heart disease, and injuries in the Health Region. To address these health concerns, increased efforts in the areas of health promotion and community development have been initiated. This process aligns with the RHA's strategic direction and paradigm of "Wholistic Health" by the promotion of healthy behaviour, and by giving the people of the region opportunities to learn strategies and gain tools which leads to taking personal responsibility to improving their health. Partnership with the Northern Health Strategy's Chronic Disease Management initiatives have proven beneficial and has been developed even further through the NHS's hiring of a Coordinator of Chronic Disease Management.

Demographics also show heart disease, diabetes, and injury as the three prevalent trends in the region. Involvement with the Population Health Promotion Strategy continues to be a major initiative currently underway to give attention to the areas of disease prevention and health promotion.

The steady population growth in the region and the predicted influx in population migration (through research and assessment done by the Buffalo Narrows Economic Development Corporation) means that there is great potential for risk in disruption of services due to lack of capacity to accommodate for such a population. Figures shared at various community meetings forecast an increase of population in Buffalo Narrows alone from the current 1200 to a population of 5000 residents by the year 2012.

Succession Management: The reality of an aging management has also prompted the RHA to invest in succession planning initiatives which included participation of KYRHA staff in the Leadership Development & Management Succession Program initiated by Saskatoon Health Region in January 2008.

Infectious diseases and Infection control: Overcrowded living conditions and substandard housing realities for many residents in the region continues to propogate the spread of certain infectious diseases and hinder infection control initiatives. There continues to be an overall issues of MRSA, TB, STI, and infection control throughout the north. Data gathered through the Population Health Unit continues to show an increase in TB. Due to the lack of a consistent presence of a Public Health Nurse at the La Loche Health Centre, the region again, has only been able to maintain the status quo. Due to the difficulty of recruitment of a Public Health Nurse, provision of public health prevention initiatives are limited for the community.

Accreditation: The RHA completed the appropriate reports in 2007, as required by the Canadian Council on Health Services Accreditation. Highlighting Patient Safety in the 2007-2008 Strategic Plan. The accreditation process brought to attention the need of skill assessment/development of acute care staff, and the need of facility assessments using this information for improvement.

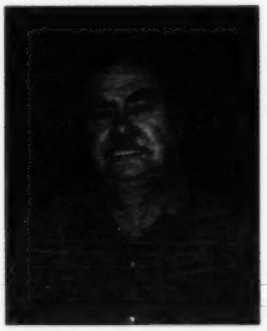
Connector road to Ft. Mac Murray and increased presence of exploration mining companies: KYRHA continues to stand on the assertion that caution, good planning, and appropriate resource allocation, must be required at municipal, provincial, and private levels, order to prepare for such developments in the region and to minimize some of the potential and negative accompanying aspects of these developments. Some areas of concern include:

- Expectation of the RHA to provide required emergency services for a significantly expanded population.
- If these profit companies were to create their own EMS, then the RHA also faces tremendous risk in competition for Human Resources in that the RHA will struggle to compete with superior monetary benefits offered by profit companies. The RHA has already been experiencing this "drain" in personnel (many of whom were trained through RHA resources and expenses) over the past few years.
- A Comprehensive Environmental Impact Assessments (as conducted in other regions nationally) to ensure that the entire population benefits from such increased economic development, and have all necessary safety precautions developed and in place.
- Adequate resourcing needed to accommodate for dramatic population growth.
- Continued emergence of exploration companies in the region require additional support services, equipment, and travel resources, in order to provide an operational system which is stable and able to effectively cope with the existing and forecasted increases of service demands in the areas of acute care, ambulatory care, and public and environmental health.

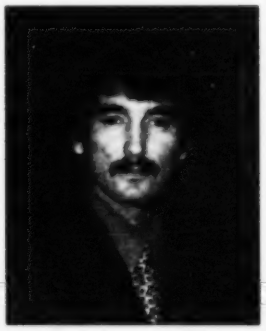
Board of Directors

A new member was welcomed to the Board of the Keewatin Yatthé Regional Health Authority in the 2007-2008 year. Ms. Irene Pedersen of Buffalo Narrows was appointed to the Board on April 25, 2007.

The Board maintained an active presence in the various activities and events held in the Health Region throughout the year.



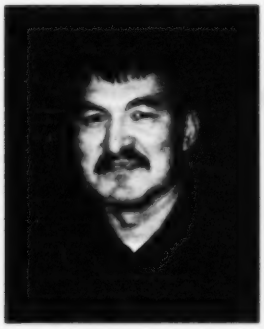
David Seright
Buffalo Narrows
Chairman of the Board



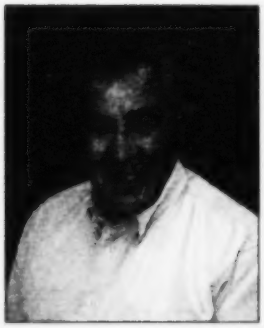
Mayor Duane Favel
Ile-a-la-Crosse
Vice-Chair of the Board

Gloria Apesis
Patuanak

Arthur Daigneault
Buffalo Narrows



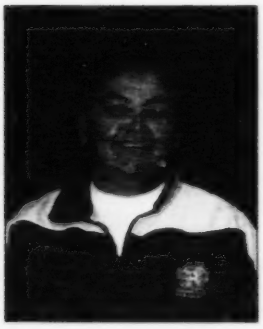
Lester Herman
La Loche



John Janvier
La Loche

Stella Laliberte
Beauval

Annette Montgrand
La Loche



Dorah Montgrande
Dillon

Yvette-Marie Morin
Ile-a-la-Crosse

Irene Pederson
Buffalo Narrows

Tina L. Rasmussen
Green Lake

Governance and Transparency

Keewatin Yatthé Regional Health Authority (KYRHA) is responsible for the planning, organization, delivery, and evaluation of the Wholistic Health Services within the geographical area known as the Keewatin Yatthé Health Region. The Authority sets the direction through strategic plan and through its monthly meetings with management and public.

KYRHA is a 12 member Board with cross regional representation. The Health Authority does not have any formal committees as all discussions occur with the entire Board in attendance. Board committees, if required, are established on an ad hoc basis to deal with specific issues as they arise.

The Chief Executive Officer (CEO) reports directly to the board and is responsible for establishing, recommending, and monitoring all operations under the KYRHA.

The Senior Management team works closely with the CEO and is comprised of the Directors of: Primary Health Services, Community Health Services, Human Resources, Finance, and Corporate Services.

The following is a list of activities that the region has done in an effort and commitment to transparency:

- Board meetings are open to the public and are advertised in local newspapers and media outlets in English, Cree, and Dene.
- Board Notes which share the formal discussion points and resolutions made during monthly board meetings are made available both internally and externally.
- Meetings are scheduled with community leaders as needed to discuss various community issues and concerns.
- The use of newsletters (both internally and external), timely news releases, PSA's, and the KYRHA website further enhances awareness of the RHA's activities.
- Annual Reports are made available to the public upon request and through the link on the KYRHA website, through college and career fairs, key partnership meetings, and at other regional presentations.
- Managers, coordinators, and front-line service providers attend interagency meetings to gain insight into community issues and to be involved in a team approach to community healing.
- Day Programs, Wellness Clinics, and Friendship Days are provided on a regular basis giving individuals in attendance an opportunity to participate in community and to focus on health promotion and disease prevention initiatives.
- Maintenance of regional partnerships.
- Commitment to provided individual requests for information in a timely manner.
- Commitment to open and timely communication and reporting to taxi operators about the allocation of trips.
- Providing a Payee Disclosure List as requested by the Saskatchewan Government.
- Policies are in all regional facilities and available to the general public at their request: (1) Representative workforce strategy is in the Human Resources policy, (2) Hiring processes are detailed in the Collective Bargaining Agreement and Human Resources Policy.
- Participation with Saskatchewan Council on Health Quality on the Patient Satisfaction Survey.

Performance Management Summary

In support of The Action Plan for Saskatchewan Health Care, the Ministry of Health had an accountability framework developed and accountability documents with each Health Region that define and clarify the performance relationship between the Authorities and the Province. In addition to articulating organizational and program expectations of the RHA's, the accountability documents also link these expectations with funding and with performance indicators-measures of progress towards, and achievement of the expectations.

To demonstrate accountability and transparency to the public, the indicators are publicly reported through this summary table in each Region's annual report. For further information on technical interpretations and definitions of the indicators below, refer to the Performance Management document on the Saskatchewan Health website at:

http://www.health.gov.sk.ca/keewatin-yatthe-health-region

Indicator		RHA Value	Provincial Value	Range	Target
Organizational Effectiveness Indicators					
Quality					
Date of last CCHSA accreditation or when accreditation is scheduled *as of March 2008*		December 2006	*not applicable*	*not applicable*	*next scheduled date December 2009*
Date when the RHA participated in the Institute for Safe Medication Practices (ISMP) Canada "Hospital Medication Safety Self-Assessment", or when participation is planned *as of March 2008*		——	*not applicable*	*not applicable*	*to be determined*
Number of client contacts with the Quality of Care Coordinator to raise a concern *2006/2007*		64	*not applicable*	*not applicable*	*not applicable*
Percentage of concerns raised with a Quality of Care Coordinator concluded within 30 days *2006/2007*		52%	86%	52% – 99%	*85%*
Workforce Planning					
Distribution of health system full time equivalents (FTEs) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	139.44	*not applicable*	*not applicable*	*not applicable*
	HSAS	34.54			
	OOS/OTHER[1]	18.10			
	SUN	35.58			
	RWDSU[2]	*not applicable*			
	Organization as a whole	227.66			

Indicator		RHA Value	Provincial Value	Range	Target
Number of wage-driven premium hours (overtime and other premiums) per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	91.96	45.68	18.53 – 91.96	*90*
	HSAS	131.05	23.72	0.10 – 131.05	*85*
	OOS/OTHER[1]	0.94	3.41	0.21 – 13.02	*0*
	SUN	351.02	84.78	32.83 – 351.02	*300*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Organization as a whole	131.14	48.46	18.95 – 131.14	*100*
Worked hours as a percentage of total hours by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	73.3%	77.3%	73.3% – 80.2%	*80%*
	HSAS	73.0%	79.9%	73.0% – 81.6%	*80%*
	OOS/OTHER[1]	77.7%	81.8%	75.0% – 84.2%	*80%*
	SUN	65.8%	74.0%	65.8% – 76.8%	*70%*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Organization as a whole	72.5%	77.2%	72.5% – 79.9%	*75%*
Number of sick leave hours per full time equivalent (FTE) by affiliation *2007/2008*	Provider Unions (CUPE, SEIU, SGEU)	108.76	89.48	70.26 – 108.76	*100*
	HSAS	108.78	68.08	50.61 – 108.78	*85*
	OOS/OTHER[1]	70.10	50.23	41.95 – 70.10	*45*
	SUN	78.50	89.48	52.15 – 94.79	*60*
	RWDSU[2]	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Organization as a whole	100.96	84.35	65.01 – 100.96	*75*
Number of lost-time WCB claims per 100 full time equivalents (FTEs) *2007/2008*		2.20	7.12	0.00 – 9.02	*5*
Number of lost-time WCB days per 100 full time equivalents (FTEs) *2007/2008*		383.03	451.26	0.00 – 677.35	*350*

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of employees self-identifying as Aboriginal *2005/2006*[4]		74.6%	*not available*	*not applicable*	*80*
Financial					
Surplus (deficit)[30] *2007/2008*		$39,754	*not applicable*	($3,782,174) – $5,674,918	$0
Surplus (deficit) as a percentage of actual operating expenditures[30] *2007/2008*		0.2%	*not applicable*	(2.6%) – 1.6%	0.0% – 0.5%
Working capital ratio (current ratio)[30] *2007/2008*		1.27	*not applicable*	0.31 – 1.80	*to be determined*
Number of days able to operate with working capital[30] *2007/2008*		7.22	*not applicable*	(62.32) – 39.28	*to be determined*
Communications and Issues Management					
Key activities undertaken by RHA to address public confidence reported *2007/2008* *[yes/no indicator]*	Q1	Yes	*not applicable*	*not applicable*	significant activity is expected annually, but need not be reflected quarterly
	Q2	Yes			
	Q3	Yes			
	Q4	Yes			
Program-Specific Indicators					
Province-Wide Services					
Number of patients as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	97.8%	87.7% – 97.1%	100%
Number of exams as a percentage of agreed on target for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	98.3%	88.9% – 103.3%	100%
Number of actual hours of operation for magnetic resonance imaging (MRI) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*not applicable*

Indicator		RHA Value	Provincial Value	Range	Target
Number of patients as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	101.9%	92.0% – 155.6%	100%
Number of exams as a percentage of agreed on target for computed tomography (CT) services[6] *2007/2008*		*not applicable*	106.6%	75.8% – 139.2%	100%
Number of actual hours of operation for computed tomography (CT) services[6] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*not applicable*
Number of patients as a percentage of agreed on target for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	84.7%	81.5% – 88.7%	100%
Number of actual hours of operation for bone mineral densitometry (BMD) services[5] *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*not applicable*
Number of patient years of dialysis provided in the current fiscal year[7] *2007/2008*	Peritoneal	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Hemodialysis				*not applicable*
	Total				*not applicable*
Current fiscal year's chronic kidney disease services levels as compared to previous fiscal year's levels[8] *As at December 31, 2007*	Number of chronic renal insufficiency patients	*not applicable*	*not applicable*	*not applicable*	*to be determined*
	Number of peritoneal dialysis patients				
	Number of home unit chronic hemodialysis patients				
	Number of north/south chronic hemodialysis patients				
	Number of people living with a kidney transplant				

Indicator		RHA Value	Provincial Value	Range	Target
Average wait time for admission to Saskatchewan Hospital North Battleford (SHNB)[9] (in days) *2006/2007*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Length of stay efficiency of inpatient rehabilitation programs – Wascana Rehabilitation Centre and Saskatoon City Hospital[10] *2006/2007*	Stroke Brain Dysfunction Spinal Cord Dysfunction Orthopaedic Conditions Neurological Conditions Amputation of Limb Major Multiple Trauma Medically Complex Debility Cardiac Pulmonary Arthritis Pain Syndrome Other	*not applicable*	*not applicable*	*not applicable*	*to be determined*
Alcohol and drug inpatient treatment completion rate per 100 admissions – Calder Centre[11] *2006/2007*	Child / Youth Adult	*not applicable*	*not applicable*	*not applicable*	*not applicable*
Total number of patients seen at Telehealth sites within the RHA *2007/2008*		57	*not applicable*	*not applicable*	*100*
Total number of hours of professional health education via Telehealth *2007/2008*		86	*not applicable*	*not applicable*	*100*
Total number of hours of public health education via Telehealth *2007/2008*		14	*not applicable*	*not applicable*	*25*
Total number of hours of professional health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*
Total number of hours of public health education events provided by the RHA via Telehealth *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Acute Care					
Number and percentage of surgical cases on wait list that have already waited over 6 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	39.9%	6.9% – 47.0%	*to be determined*
Number and percentage of surgical cases on wait list that have already waited over 12 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	18.9%	0.0% – 23.1%	10%
Number and percentage of surgical cases on wait list that have already waited over 18 months[12] *2007/2008*	Number	*not applicable*	*not applicable*	*not applicable*	*not applicable*
	Percentage	*not applicable*	9.2%	0.0% – 11.7%	0%
Percentage of Priority Level I, II, III and IV surgical cases completed within target time frames[12] *2007/2008*	Priority Level I within 3 weeks	*not applicable*	60.4%	47.4% – 95.4%	95%
	Priority Level II within 6 weeks	*not applicable*	44.0%	32.0% – 95.1%	90%
	Priority Level III within 3 months	*not applicable*	67.8%	48.6% – 99.1%	90%
	Priority Level IV within 12 months	*not applicable*	89.2%	83.4% – 100.0%	90%
Cumulative number of surgical cases performed as a percentage of target and variance from target[12] *2007/2008*	Percentage of target	*not applicable*	99.4%	92.2% – 114.6%	100%
	Variance from target	*not applicable*	*not applicable*	*not applicable*	*not applicable*
Institutional Supportive Care					
Prevalence of pressure sores: percentage of institutional supportive care residents with pressure sores[13] *as at the end of Q2 2007/2008*		–	–	–	*to be determined*
Case mix index for institutional supportive care facilities[13] *as at the end of Q2 2007/2008*		*not applicable*	0.782	0.748 – 0.811	*to be determined*
Population Health Services					
Percentage of off reserve schools that are implementing healthy food / nutrition policies *as of September 1, 2007*		18.2	21.2	0.0 – 84.3	60% of schools by September 2011

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of eligible population registered in SIMS and receiving recommended immunization at second birthday[14] *July 1, 2006 to June 30, 2007*	Diphtheria	69.0	69.8	53.3 – 85.7	*to be determined*
	Measles	71.8	69.5	53.3 – 82.1	
Influenza immunization rate per 100 population (age 65 years and over) *2006/2007*		53%	63%	52% – 70%	*to be determined*
Percentage of licensed or regulated facilities inspected each year (pursuant to *The Public Health Act, 1994*) *2007/2008*	FEE – Food Eating Establishment	*not applicable*	*not applicable*	68 – 100	80% – 100%
	FPL – Food Processing (Licensed)	*not applicable*	*not applicable*	50 – 100	
	LA – Licensed Accommodations	*not applicable*	*not applicable*	46 – 100	
	SP – Swimming Pools	*not applicable*	*not applicable*	55 – 100	
	Public Water Supplies	*not applicable*	*not applicable*	43 – 100	
Percentage of facilities in compliance with *The Tobacco Control Act* in the category that includes: billiard halls / bingo establishments / bowling centres / casinos / restaurants / taverns[15] *2007/2008*		100.0%	96.7%	84.1% – 100.0%	90% compliance
Percentage of population (age 12 years and over) who are current (daily or occasional) smokers[15] *2005*[16]	Males	41.75	25.13	19.95 – 41.75	*to be determined*
	Females	32.31	23.30	16.36 – 32.31	
Number of new diabetes cases (incidence) and existing (old and new) diabetes cases (prevalence) per 1,000 population *2005/2006*	Incidence	4.7	5.4	1.3 – 7.3	*to be determined*
	Prevalence	58.8	62.0	17.3 – 81.4	
Percentage of increase in needle exchange rates over previous year[17] *2006/2007*		-42.2%	11.2%	-42.2% – 170.6%	*to be determined*

Indicator		RHA Value	Provincial Value	Range	Target
Community Care Services					
Alcohol and drug outpatient treatment completion rate per 100 admissions *2006/2007*		68.8%	57.9%	34.7% – 73.9%	*70%*
Average wait time for admission to alcohol and drug outpatient services[18] (in days) *2007/2008*		9.2	*not applicable*	*not applicable*	*7*
Primary Health Services					
Percentage of RHA population with geographic proximity to primary health care teams *March 2008*		100.00%	27.08%	9.33% – 100.00%	25% of SK residents by 2006, 100% by 2011
Number of discrete clients receiving primary health care services in the RHA *2007/2008*	Q1	2,367	*not applicable*	*not applicable*	*not applicable*
	Q2	1,493			
	Q3	3,214			
	Q4	3,129			
Number of persons receiving a service from HealthLine for the RHA *2007/2008*	Q1	221	*not applicable*	*not applicable*	*not applicable*
	Q2	171			
	Q3	233			
	Q4	213			
	Year as a whole	838			
Number of new (in development and established) and enhanced primary health care teams for the current year *2007/2008*	New teams in development	0	*not applicable*	*not applicable*	*not applicable*
	New teams established	0			
	Enhanced teams	0			
Emergency Response Services					
Percentage of calls where the maximum qualification of all personnel on the call was less than Emergency Medical Technician (EMT) *2006/2007*		10.10%	0.76%	0.00% – 10.10%	*5*

Indicator		RHA Value	Provincial Value	Range	Target
Mental Health and Addiction Services					
Average daily census (ADC), occupancy rates, and average length of stay (ALOS) for mental health inpatient services[19] *2006/2007*	ADC	*not applicable*	173	5 – 51	*not applicable*
	Occupancy rate	*not applicable*	75.7%	52.5% – 91.7%	*not applicable*
	ALOS	*not applicable*	15.1	10.2 – 19.1	*not applicable*
Percentage of mental health inpatient separations where readmission occurred within 7 days[19] *2006/2007*		*not applicable*	4.9%	1.2% – 9.2%	*not applicable*
Alcohol and drug inpatient treatment completion rate per 100 admissions[20] *2006/2007*		77.6%	73.2%	55.1% – 77.6%	*not applicable*
Average wait time for admission to alcohol and drug inpatient services[18,21] (in days) *2007/2008*		3.4	*not applicable*	*not applicable*	*not applicable*
Average wait time for admission to alcohol and drug detoxification services[18,22] (in days) *2007/2008*		0.7	*not applicable*	*not applicable*	.5
Average wait time for admission to alcohol and drug stabilization services[18,23] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*not applicable*
Average wait time for admission to alcohol and drug long term residential treatment services[18,24] (in days) *2007/2008*		*not applicable*	*not applicable*	*not applicable*	*not applicable*
Program Support Services					
Expenditures in program support funding pool as a percentage of total RHA operating expenditures[30] *2007/2008*		10.5%	*not applicable*	4.0% – 10.8%	12% for Mamawetan Churchill River and Keewatin Yatthé; 5% for all other RHAs

Indicator		RHA Value	Provincial Value	Range	Target
Health Status and Outcome Indicators					
Infant mortality rate per 1,000 live births[25] *2002-2004*		6.0	5.9	4.0 – 10.5	*to be determined*
Low birth weight rate per 100 live births[25] *2002-2004*		4.5	5.4	3.7 – 6.0	*to be determined*
High birth weight rate per 100 live births[25] *2002-2004*		24.5	15.7	12.9 – 31.1	*to be determined*
Potential years of life lost per 100,000 population (age 0 to 74 years)[15] *2001*[26]	Circulatory Diseases	861.2	951.5	817.9 – 1,208.9	*to be determined*
	All Malignant Neoplasms	1,126.0	1,483.1	1,126.0 – 1,706.8	
	All Respiratory Diseases	165.7	222.9	63.5 – 376.5	
	Unintentional Injuries	2,781.8	1,028.0	636.4 – 2,781.8	
	Suicide and Self-Inflicted Injuries	628.5	412.1	315.1 – 628.5	
Disability-free life expectancy (at birth)[15] *1996*[27]	Males	61.8	66.6	61.8 – 69.2	*to be determined*
	Females	63.2	70.0	63.2 – 72.5	
Disability-free life expectancy (at age 65 years)[15] *1996*[27]	Males	8.7	11.2	8.7 – 12.1	*to be determined*
	Females	8.4	12.7	8.4 – 13.2	
Life expectancy (at birth)[15] *2001*[28]	Males	72.1	76.2	72.1 – 78.2	*to be determined*
	Females	76.1	81.8	76.1 – 82.8	
Life expectancy (at age 65 years)[15] *2001*[28]	Males	15.6	16.9	15.6 – 18.0	*to be determined*
	Females	17.2	20.9	17.2 – 21.8	
Self-rated health status: percentage of population (age 12 years and over) who report their health as very good or excellent[15] *2005*[16]		47.95%	52.35	39.86 – 57.96	*50*
Percentage of population (age 18 to 64 years) who are overweight or obese[15] *2005*[16]	Overweight (BMI 25.0-29.9)	33.91%	32.52	30.53 – 36.12	Overweight 30%
	Obese (BMI 30.0+)	24.19%	20.03	16.88 – 24.19	Obese 21%

Indicator		RHA Value	Provincial Value	Range	Target
Percentage of population (age 12 years and over) who report physical activity participation levels of active / moderately active or inactive[15] *2005[16]*	Active / moderately active	53.35	48.62	38.60 – 53.35	*55%*
	Inactive	44.06	49.52	44.06 – 58.77	
Number of visits to a physician for a mental health reason *2006/2007*	General Practitioners	2,019	*not applicable*	*not applicable*	*not applicable*
	Psychiatrists	122			
Age-sex adjusted diabetes prevalence rate per 1,000 population[29] *2005/2006*		101.5	*not applicable*	44.3 – 101.7	*100*
Injury hospitalization rate per 1,000 population (age 0 to 19 years) *2005/2006*	Males	11.0	10.6	7.2 – 17.7	*Males 10* *Females 5*
	Females	9.0	7.0	5.0 – 14.2	
Hospitalization rate due to falls per 1,000 population (age 65 years and over) *2005/2006*	Males	8.6	14.3	8.6 – 35.3	*Males 7* *Females 25*
	Females	27.4	26.4	21.7 – 39.9	

Notes:

Please refer to the document "Performance Management Accountability Indicators" for detailed indicator descriptions.

1 The OOS/OTHER category includes all non-unionized employees on the SAHO Payroll system, not just management personnel.

2 The RWDSU category is applicable to Regina Qu'Appelle only.

3 Benchmark development is still in progress for the workforce planning indicators. In the interim, it is suggested that the provincial value or that of the best performer be used as the target.

4 The most recent data for the "Percentage of employees self-identifying as Aboriginal" indicator is from 2005/2006, and is not available for Five Hills, Cypress, Heartland, Prairie North, the Saskatchewan Cancer Agency, or the province as a whole.

5 MRI and bone mineral densitometry indicators are applicable to Regina Qu'Appelle and Saskatoon only.

6 CT indicators are applicable to Cypress, Five Hills, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, Saskatoon, and Sunrise only.

7 Patient years of dialysis indicator is applicable to Cypress, Five Hills, Regina Qu'Appelle, Saskatoon, Kelsey Trail, Prairie North, Prince Albert Parkland, Sun Country, and Sunrise only.

8 Chronic kidney disease services indicator is applicable to Regina Qu'Appelle and Saskatoon only.

9 SHNB indicator is applicable to Prairie North only.

10 "Length of stay efficiency of inpatient rehabilitation programs" indicator is applicable to Regina Qu'Appelle (Wascana Rehabilitation Centre) and Saskatoon (Saskatoon City Hospital) only. The two facilities are not peers, in terms of their inpatient rehabilitation programs; therefore, their results should not be compared to each other.

11 "Alcohol and drug inpatient treatment completion rate – Calder Centre" is applicable to Saskatoon only.

12 The 2007/2008 target volume of surgeries to be performed by each RHA was negotiated between that RHA and Saskatchewan Health.

13 Due to the small number of institutional supportive care residents in Mamawetan Churchill River and Keewatin Yatthé, the case mix index and pressure sores indicators are not applicable to these regions. Please note that the methodology for both indicators is currently being revised, and that values may change from those previously reported.

14 The Saskatchewan Immunization Management System (SIMS) does not capture on-reserve immunizations.

15 Mamawetan Churchill River, Keewatin Yatthé and Athabasca Health Authority were grouped together as "Northern Health Regions" for this indicator.

16 The most recent Canadian Community Health Survey (CCHS) data is Cycle 3.1 (2005). Therefore, the results are the same as those reported for 2006/2007.

17 Needle exchange program indicators are applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

18 Data collection through the Alcohol, Drug and Gambling Information System (ADGIS) started in April 2007. Implementation is ongoing, and system and data entry issues continue to be identified and resolved. Due to these issues, 2007-08 average wait times for some RHAs have been calculated using an average of quarterly results for 2007-08, rather than the annual average.

19 Mental health inpatient indicators are not applicable to Heartland, Keewatin Yatthé, Kelsey Trail, and Mamawetan Churchill River.

20 "Alcohol and drug inpatient treatment completion rate" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland, Regina Qu'Appelle, and Saskatoon only.

21 "Average wait time for admission to alcohol and drug inpatient services" is applicable to Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Prince Albert Parkland (youth services), Regina Qu'Appelle, and Saskatoon (both adult and youth services) only. 2007-08 results for Keewatin Yatthé and Regina Qu'Appelle are based on a very low number of cases, and therefore may not be reliable.

22 "Average wait time for admission to alcohol and drug detoxification services" is applicable to Five Hills, Keewatin Yatthé, Mamawetan Churchill River, Prairie North, Regina Qu'Appelle, and Saskatoon only. 2007-08 results for Keewatin Yatthé and Mamawetan Churchill River are based on a very low number of cases, and therefore may not be reliable.

23 "Average wait time for admission to alcohol and drug stabilization services" is applicable to Regina Qu'Appelle and Saskatoon only.

24 "Average wait time for admission to alcohol and drug long term residential treatment services" is applicable to Prairie North only.

25 Starting 2005/2006, the calculation methodology for the "Infant mortality rate", "Low birth weight rate" and "High birth weight rate" indicators changed from what was used previously. The time period also changed (three consecutive years, instead of five). Because these measures are calculated on a three-year basis, results are the same as those reported in 2005/2006 and 2006/2007.

26 Statistics Canada calculates this measure intermittently. The most recent is based on 2000 through 2002 death data and 2001 population estimates. Therefore, results are the same as those reported for 2005/2006 and 2006/2007.

27 Statistics Canada no longer calculates this measure (a similar measure, "Health Adjusted Life Expectancy (HALE)", exists but is not available at the regional level). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

28 Statistics Canada calculates this measure every 5 years, based on the latest census (2001). Therefore, results are the same as those reported for 2004/2005 through 2006/2007.

29 Starting 2005/2006, diabetes cases are determined using an enhanced version of the methodology (the prescription drug database is now used along with the hospital separations and physician services databases). Caution should be exercised if comparing results to those presented in the 2004/2005 summary. The age-sex adjusted rates were calculated using 1996 Statistics Canada Census populations for Saskatchewan by sex and ten-year age groups.

30 Values are based on data from final, unaudited financial statements.

Management Report

April 25, 2008

KEEWATIN YATTHÉ HEALTH REGION

REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Keewatin Yatthé Regional Health Authority. The financial statements have been prepared in accordance with the Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity includes amounts based on estimates and judgments.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority is responsible for reviewing the financial statements and overseeing Management's performance in financial reporting. The Authority meets with Management and the external auditors to discuss and review financial matters. The Authority approves the financial statements and the annual report.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Finance/Audit Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Richard Feldi

Name
Chief Executive Officer

M. Cook

Name
Chief Financial Officer

Canadian Generally Accepted Auditing Standards require the auditor appointed by the RHA review the annual report prior to release. The auditor's review is to ensure the financial statements and auditor's reports are adequately reproduced, and to ensure any other information presented within the report is consistent with the financial statements. Once the auditor has reviewed the annual report and determined it is accurate, they will provide the RHA with permission to include their signature in the annual report.

The complete set of financial statements must be included to promote transparency. As a result, this section included the:

- Auditor's Report – prepared and signed by the appointed auditor.
- Audited Financial Statements, Notes, and Schedules – signed by the Chairperson

2007 - 2008 Financial Report

MEYERS NORRIS PENNY LLP

AUDITORS' REPORT

To: The Keewatin Yatthé Regional Health Authority

We have audited the statement of financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2008 and the statements of operations and changes in fund balances, cash flows, and supporting schedules for the year then ended. These financial statements are the responsibility of the Keewatin Yatthé Regional Health Authority's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Keewatin Yatthé Regional Health Authority as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Meyers Norris Penny LLP

Prince Albert, Saskatchewan
April 25, 2008

Chartered Accountants

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2008

	Operating Fund	Restricted Funds: Capital Fund	Restricted Funds: Community Trust Fund	Total 2008	Total 2007
ASSETS					
Current assets					
Cash and short-term investments (Statement 3)	$ 3,132,235	$ 300,415	$ -	$ 3,432,650	$ 4,482,915
Accounts receivable					
Saskatchewan Health - General Revenue Fund	123,000	380,739	-	503,739	4,395,010
Other	656,130	22,057	-	678,187	992,368
Inventory	324,071	-	-	324,071	443,507
Prepaid expenses	122,908	-	-	122,908	77,813
	4,358,344	703,211	-	5,061,555	10,391,613
Investments	-	-	-	-	-
Capital assets (Note 3)	-	26,339,744	-	26,339,744	22,803,511
Total Assets	$ 4,358,344	$ 27,042,955	$ -	$ 31,401,299	$ 33,195,124
LIABILITIES & FUND BALANCE					
Current liabilities					
Accounts payable	$ 1,107,056	$ -	$ -	$ 1,107,056	$ 2,833,861
Accrued salaries	620,468	-	-	620,468	410,652
Vacation payable	1,307,881	-	-	1,307,881	1,090,837
Current portion of capital lease obligation	-	-	-	-	-
Deferred revenue (Note 5)	895,535	-	-	895,535	1,316,023
	3,930,940	-	-	3,930,940	5,651,373
Long Term Liabilities					
Capital lease obligation	-	-	-	-	-
Total Liabilities	3,930,940	-	-	3,930,940	5,651,373
Fund Balances					
Invested in capital assets	-	26,339,744	-	26,339,744	22,803,511
Externally restricted (Schedule 3)	-	-	-	-	260,551
Internally restricted (Schedule 3)	-	703,211	-	703,211	4,092,039
Unrestricted	427,404	-	-	427,404	387,650
Fund balances – (Statement 2)	427,404	27,042,955	-	27,470,359	27,543,751
Total Liabilities & Fund Balances	$ 4,358,344	$ 27,042,955	$ -	$ 31,401,299	$ 33,195,124

Approved on behalf of the board of directors

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2008

	Operating Fund			Restricted			
	Budget 2008 (Note 11)	2008	2007	Capital Fund 2008	Community Trust Fund 2008	Total 2008	Total 2007
REVENUES							
Saskatchewan Health - General	$ 18,704,483	$ 19,927,099	$ 17,583,751	$ 488,423	$ -	$ 488,423	$ 6,985,000
Other Provincial	-	-	-	-	-	-	-
Federal Government	75,000	75,000	75,000	-	-	-	-
Funding from other Provinces	-	-	-	-	-	-	-
Special Funded Programs	225,000	283,212	148,690	-	-	-	-
Patient Fees	897,698	958,000	877,935	-	-	-	-
Out of Province (Reciprocal)	-	-	3,330	-	-	-	-
Out of Country	-	-	-	-	-	-	-
Donations	-	-	-	190,410	-	190,410	290
Investment	15,000	100,346	74,192	14,019	-	14,019	13,547
Ancillary	-	-	2,061,138	-	-	-	-
Recoveries	58,000	241,096	362,544	21,543	-	21,543	-
Other	27,000	57,107	95,639	-	-	-	-
	19,982,181	21,641,854	21,282,219	714,395	-	714,395	6,998,837
EXPENSES							
Province Wide Acute Care Services	52,766	54,558	47,986	-	-	-	-
Acute Care Services	6,818,072	7,673,629	6,566,992	389,015	-	389,015	240,331
Physician Compensation - Acute	60,000	252,787	36,134	-	-	-	-
Supportive Care Services	1,060,547	1,395,962	1,091,328	351,724	-	351,724	211,769
Home Based Service - Supportive Care	1,218,733	1,219,515	1,078,992	-	-	-	-
Population Health Services	2,273,975	2,196,317	2,180,555	12,459	-	12,459	7,147
Community Care Services	1,874,701	1,686,782	1,467,408	1,139	-	1,139	-
Home Based Services - Acute & Palliative	-	-	-	1,018	-	1,018	1,176
Primary Health Care Services	2,132,182	1,938,590	2,229,584	17,615	-	17,615	16,296
Emergency Response Services	1,407,492	1,840,985	1,508,584	41,046	-	41,046	66,726
Mental Health Services - Inpatient/Residential	-	-	-	-	-	-	-
Addictions Services	567,562	743,661	655,041	351	-	351	-
Physician Compensation - Community	-	-	-	-	-	-	-
Program Support Services	2,292,210	2,264,062	2,210,497	13,173	-	13,173	83,917
Special Funded Programs	131,307	106,962	95,462	-	-	-	-
Ancillary	92,634	228,290	1,974,887	-	-	-	(66,668)
Total Expenses (Schedule 1)	19,982,181	21,602,100	21,143,450	827,540	-	827,540	560,694
Excess (Deficiency) of revenues over expenses	$ -	39,754	138,769	(113,146)	-	(113,146)	6,438,143
Fund Balances, beginning of year		387,650	248,881	27,156,101	-	27,156,101	20,717,958
Interfund transfers		-	-	-	-	-	-
Fund balances, end of year		$ 427,404	$ 387,650	$ 27,042,955	$ -	$ 27,042,955	$ 27,156,101

(See accompanying notes to the financial statements)

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year ended March 31, 2008

	Operating Fund		Restricted Fund			
	2008	2007	Capital Fund	Community Trust Fund	Total 2008	Total 2007
Cash Provided by (used in):	Operating Activities		Financing and Investing Activities			
Excess (deficiency) of revenue over expenses	$ 39,754	$ 138,769	$ (113,146)	$ -	$ (113,146)	$ 6,438,143
Net change in non-cash working capital (Note 6)	377,156	826,796	2,182,205	-	2,182,205	3,359,605
Amortization of capital assets	-	-	836,422	-	836,422	627,362
Investment income on long-term investments	-	-	-	-	-	-
Gain (loss) on disposal of capital assets	-	-	(8,882)	-	(8,882)	(66,668)
	416,910	965,565	2,896,599	-	2,896,599	10,358,442
Purchase of capital assets						
Buildings construction	-	-	(3,428,201)	-	(3,428,201)	(7,888,843)
Equipment	-	-	(960,954)	-	(960,954)	(192,178)
Proceeds on disposal of capital assets						
Buildings	-	-	-	-	-	-
Equipment	-	-	25,381	-	25,381	71,675
Disposal (Purchase) of long-term investment	-	23,867	-	-	-	-
	-	23,867	(4,363,774)	-	(4,363,774)	(8,009,346)
Repayment of debt	-	-	-	-	-	(26,274)
Net increase (decrease) in cash & short term investments during the year	416,910	989,432	(1,467,175)	-	(1,467,175)	2,322,823
Cash & short term investments, beginning of year	2,715,325	1,725,893	1,767,590	-	1,767,590	(555,233)
Interfund transfers	-	-	-	-	-	-
Cash & short term investments, end of year (Schedule 2)	**$ 3,132,235**	**$ 2,715,325**	**$ 300,415**	**$ -**	**$ 300,415**	**$ 1,767,590**
Amounts in cash balances						
Cash & short term investments	**$ 3,132,235**	**$ 2,715,325**	**$ 300,415**	**$ -**	**$ 300,415**	**$ 1,767,590**

See accompanying notes to the financial statements

SCHEDULE 1

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENDITURES BY OBJECT
For the Year Ended March 31, 2008

	Budget 2008	Actual 2008	Actual 2007
Operating:			
Board costs	$ 150,466	$ 144,999	$ 144,735
Compensation - Benefits	2,102,956	2,198,571	2,186,103
Compensation - Salaries	13,200,483	14,051,636	12,829,661
Diagnostic imaging supplies	42,316	18,594	12,195
Drugs	202,601	265,613	201,495
Food	189,704	224,038	183,420
Grants to ambulance services	-	-	-
Grants to third parties	140,000	130,000	140,000
Housekeeping and laundry supplies	168,814	162,337	128,141
Information technology contracts	19,450	11,980	10,933
Insurance	69,229	74,656	66,262
Interest	-	394	1,960
Laboratory supplies	133,012	161,061	131,250
Medical and surgical supplies	246,616	306,777	210,743
Medical remuneration and benefits	281,833	484,609	562,046
Office supplies and other office costs	309,935	304,0[illegible]9	296,492
Other	626,527	607,679	1,891,235
Other referred out services	30,578	9,831	20,738
Professional fees	140,295	372,820	143,706
Prosthetics	-	-	-
Purchased services	248,480	170,572	206,664
Rent/lease costs	621,066	760,532	801,347
Repairs and maintenance	179,523	232,234	177,759
Service contracts	79,267	59,396	56,016
Travel	490,655	438,290	439,086
Utilities	308,375	411,392	301,463
	$ 19,982,181	**$ 21,602,100**	**$ 21,143,450**
Restricted:			
Amortization		$ 836,422	$ 627,362
Loss/(Gain) on disposal of fixed assets		(8,882)	(66,668)
Mortgage Interest Expense		-	-
Other		-	-
		$ 827,540	**$ 560,694**

SCHEDULE 2

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2008

	Amount	Maturity	Effective Rate	Coupon Rate
Restricted Investments*				
Cash and Short Term				
Chequing and Savings				
Innovation Credit Union	$ 808		Prime - 2 1/4%	
Chequing - Innovation Credit Union	299,607			
	300,415			
Term Deposits:				
	-			
	-			
Total Cash & Short Term Investments	300,415			
Long Term				
Total Long Term Investments	-			
Total Restricted Investments	**$ 300,415**			
Unrestricted Investments				
Cash and Short Term				
Chequing - Innovation Credit Union	2,879,436		Prime - 2 1/4%	
Chequing - Bank of Montreal	51,844			
Term Deposit - Innovation Credit Union	200,000		2.55%	
Petty Cash	955			
Total Cash & Short Term Investments	3,132,235			
Long Term				
	-			
Total Long Term Investments	-			
Total Unrestricted Investments	3,132,235			
Total Investments	**$ 3,432,650**			
Restricted & Unrestricted Totals				
Total Cash & Short Term	3,432,650			
Total Long Term	-			
Total Investments	**$ 3,432,650**			

SCHEDULE 3

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
SCHEDULE OF INTERNALLY and EXTERNALLY RESTRICTED FUNDS
For the Year Ended March 31, 2008

INTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Revenue	Investment Income	Transfer to Investment in Capital Assets	Balance, End of Year
Ile a la Crosse Facility	$ 4,092,039	$ 509,966	$ 4,136	$ (3,902,929)	$ 703,211

EXTERNALLY RESTRICTED FUNDS

	Balance, Beginning of Year	Investment & Other Income	Capital Grant Funding	Expenses	Transfer to Investment in Capital Assets	Balance, End of Year
Ile a la Crosse Facility	$ 260,551	$ 9,883	$ 190,410	$ -	$ (460,844)	$ -
TOTAL EXTERNALLY RESTRICTED REVENUE	$ 260,551	$ 9,883	$ 190,410	$ -	$ (460,844)	$ -

KEEWATIN YATTHE REGIONAL HEALTH AUTHORITY
CONSOLIDATED SCHEDULES OF

BOARD MEMBER REMUNERATION
for the year ended March 31, 2008

RHA MEMBERS	RETAINER	PER DIEM	TRAVEL TIME EXPENSES	TRAVEL AND SUSTENANCE EXPENSES	OTHER EXPENSES	CPP	2008 TOTAL	2007 TOTAL
Chair Person								
David Seright	$ 9,960	$ 12,090	$ 4,351	$ 10,521	$ 1,856	$ 785	$ 39,564	$ 35,050
Members								
Gloria Apesis	-	2,400	1,685	3,028	-	(174)	6,940	7,901
Arthur Daigneault	-	6,229	2,924	6,061	-	-	15,214	14,998
Duane Favel	-	4,100	1,987	4,762	632	84	11,564	15,996
Lester Herman	-	2,650	1,292	3,050	600	(173)	7,419	9,170
John Janvier	-	4,050	1,826	4,382	583	97	10,938	12,910
Stella Laliberte	-	1,650	567	1,899	-	(34)	4,082	9,853
Yvette Morin	-	2,200	612	1,205	-	-	4,017	2,523
Annette Montgrand	-	4,900	2,444	5,243	583	202	13,371	13,218
Dorah Montgrande	-	3,825	1,152	4,040	600	80	9,697	16,387
Irene Pederson	-	2,088	342	1,050	-	-	3,392	-
Tina Rasmussen	-	4,150	1,639	3,738	-	108	9,635	8,141
TOTAL	$ 9,960	$ 50,244	$ 20,822	$ 48,979	$ 4,854	$ 975	$ 135,833	$ 146,147

SCHEDULE 4A

SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERANCE

for the year ended March 31, 2008

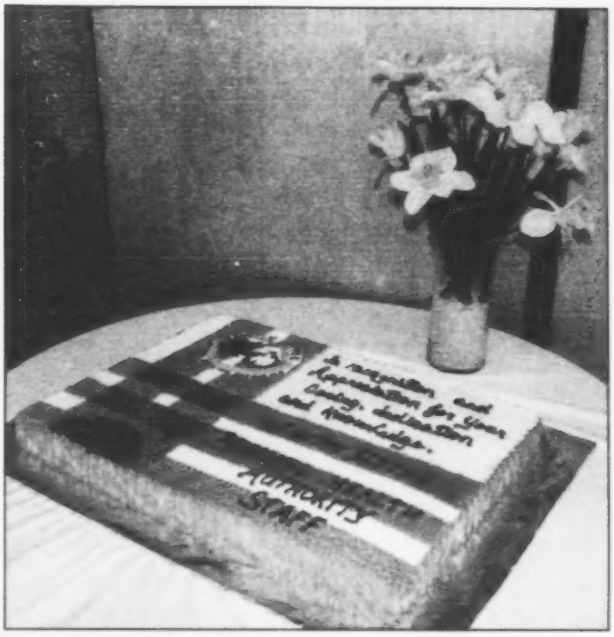
	2008					2007		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances	Severance	Total
Carol Gillis, CEO - End Oct 31/07	$ 80,076	$ 501	$ 80,577	$ -	$ 80,577	$ 105,000	$ -	$ 105,000
Richard Petit, CEO - Start Mar 1/08	9,233	-	9,233	-	9,233	-	-	-
Senior Employees								
Denise Desjarlais, Quality Care, End Mar 30/07	-	-	-	-	-	72,357	-	72,357
Gabrielle Fontaine, Quality Care	64,460	66	64,526	-	64,526	4,410	-	4,410
Elaine Malbeuf, Director of Community Based Services	82,323	66	82,389	-	82,389	82,980	-	82,980
Wendy Ericson-Lemaigre, Director of HR	92,806	66	92,872	-	92,872	26,829	-	26,829
Pat Malmgren, Director of Primary Health - End July 31/07	46,986	28	47,014	-	47,014	105,002	-	105,002
Lloyd Bullock, Director of HR, End Sep 30/06	-	-	-	-	-	43,449	-	43,449
Zachery Solomon, Director of Primary Care - Start Jan 2/08	23,364	17	23,380	-	23,380	-	-	-
Richard Petit, Director of Corporate Services - End Feb 29/08	90,567	66	90,633	-	90,633	81,229	-	81,229
Zachery Solomon, Director of Finance, End Dec 26/07	-	-	-	-	-	68,772	-	68,772
Mark Cook, Director of Finance, Start April 2/07	91,112	66	91,178	-	91,178	-	-	-
Total	$ 580,927	$ 875	$ 581,803	$ -	$ 581,803	$ 590,028	$ -	$ 590,028

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave and merit or performance pay, lump sum payments, and any other direct cash remuneration.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefit.

Accolades

Keewatin Yatthé Regional Health Authority recognized our staff, who reached significant milestones of years of service, through the annual Staff Recognition Awards Ceremony. The Board and Management had the pleasure of acknowledging and showing appreciation of the many years of commitment and service shown by the following:



For 35 years of service:

Elisabeth Otten, *Ile-a-la-Crosse*

For 20 years of service:

Dennis Favel. *Ile-a-la-Crosse*
Rita Janvier, *La Loche*

For 18 years of services:
Terrance Iron, *Ile-a-la-Crosse*

For 15 years of service:
Virgil Paul, *Beauval*
Donna Gauthier, *Beauval*
Eileen Listoe, *Ile-a-la-Crosse*

For 10 years of service:

Kathleen Cote, *Buffalo Narrows*
Ida Morin, *Buffalo Narrows*
Marie Caisse, *Ile-a-la-Crosse*
Donna Gardiner, *Ile-a-la-Crosse*
Roberta Hodgson, *Ile-a-la-Crosse*
Betty Janvier, *La Loche*
Gerald Janvier, *La Loche*
Gladys Park, *La Loche*

For 5 years of service:

Wanda Umpherville, *Beauval*
Marie Mihalicz, *Beauval*
Margaret Kissick, *Ile-a-la-Crosse*
Armande Perreault, *Buffalo Narrows*
Fred Balone, *Ile-a-la-Crosse*
Paul Chartier, *Ile-a-la-Crosse*
Angeline Daigneault, *Ile-a-la-Crosse*

5 years of service continued:

Lena Daigneault, *Ile-a-la-Crosse*
Marlena Durocher, *Ile-a-la-Crosse*
Rita Graham, *Ile-a-la-Crosse*
Noel McLean, *Ile-a-la-Crosse*
Sandra Ahenakew, *Ile-a-la-Crosse*
Jennifer Strand, *Ile-a-la-Crosse*
Maureen Gordon, *La Loche*
Judy Herman, *La Loche*
Josephine Lemaigre, *La Loche*
Collette Sylvestre, *La Loche*
Rosalina Aquinaldo, *La Loche*
Sonia de los Reyes, *La Loche*

Brighten Your Corner,
By Helen Steiner Rice

We cannot all be famous or be listed in "Who's Who",
But every person great or small,
Has important work to do.

For seldom do we realize the importance of small deeds,
Or to what degree of greatness
Unnoticed kindness leads.

For it's not the big celebrity in a world of fame and praise,
But it's doing unpretentiously
In an undistinguished way.

It is the work that we're assigned, unimportant as it seems,
That makes our task outstanding,
And brings reality to dreams.

So do not sit and idly wish for wider new dimensions
Where you can fantasize about
Your many good intentions.

But at the spot you are right now begin at once to do
Little things to brighten up
The lives surrounding you.

If everybody brightened up the spot where they are standing,
By being more considerate,
And a little less demanding,

This dark old world would very soon eclipse the evening star,
If everybody brightened up
The corner where they are!

Keewatin Yatthé Health Region Highlights of 2007 - 2008

1. *CEO's, Board Chairs and Board Representatives gather together in Stony Rapids on May 8, 2007 for the signing of the Memorandum of Understanding between the 3 northern Health Authorities.*

2. *Richard Petit, CEO together with Ron Diller (Manager of Integrated Services) and Lorraine Roy (Suport Services Coordinator for St. Joseph's Health Centre) take time to see the new lab equipment in Ile-a-la-Crosse.*

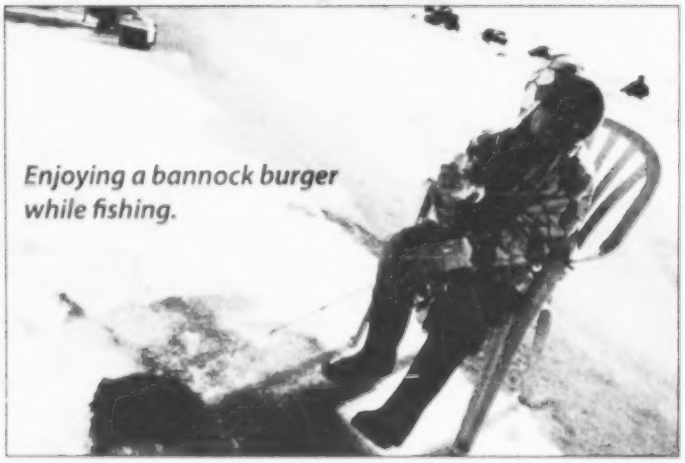
3. *Ice fishing derby on the lake, in front of the Ile-a-la-Crosse Integrated Services Centre.*

4. *Ron Diller recieves a gift from Graham Construction on behalf of St. Joseph's Health Centre.*

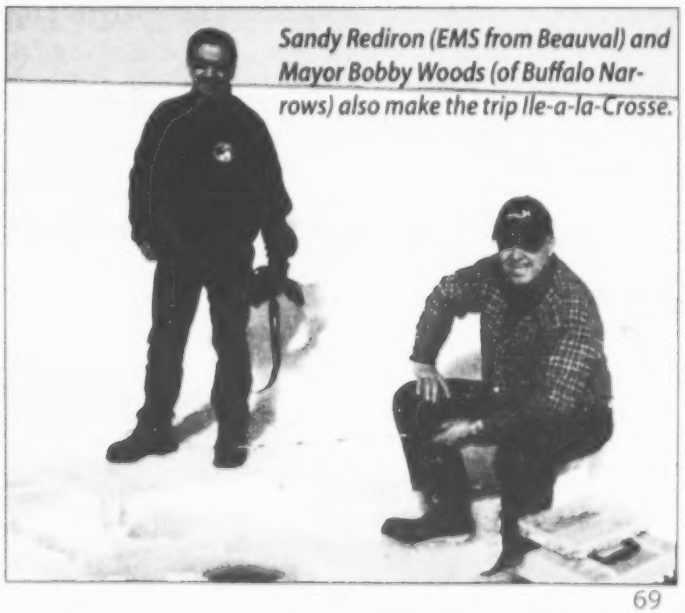
5. *Glend Montgrand - Manager of Home Care Services (2nd from the left), together with Home Care Staff and volunteers from the Buffalo Narrows Clinic, pose with Santa after an evening of hosting the seniors Christmas Banquet in Buffalo Narrows.*

Annual St. Joseph's Hospital Ice Fishing Derby

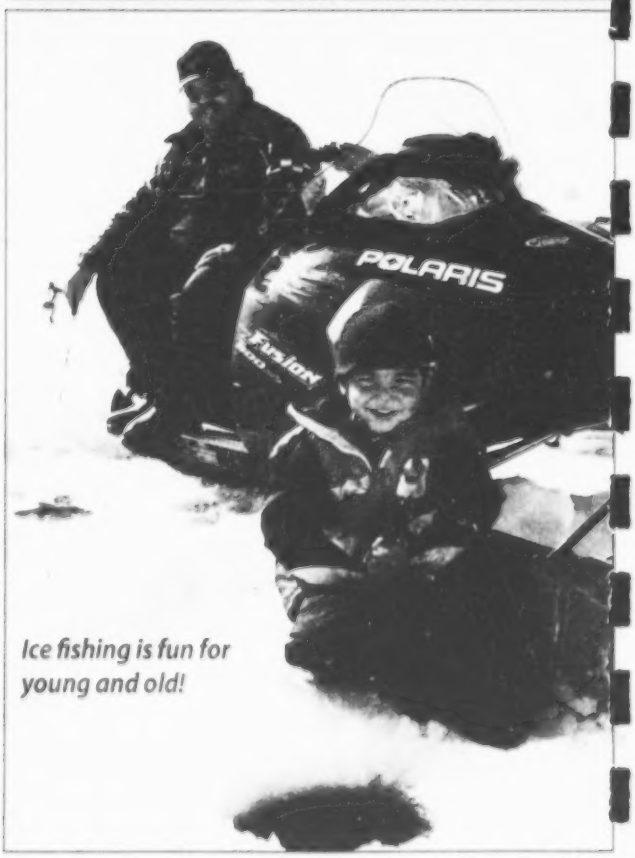
Coordinated by St.Joseph's Fundraising Committee, the fishing derby held on March 23, 2008, is a fun event for the whole family. Proceeds raised goes towards furnishings and equipment for the Hospital.



Enjoying a bannock burger while fishing.



Sandy Rediron (EMS from Beauval) and Mayor Bobby Woods (of Buffalo Narrows) also make the trip Ile-a-la-Crosse.



Ice fishing is fun for young and old!

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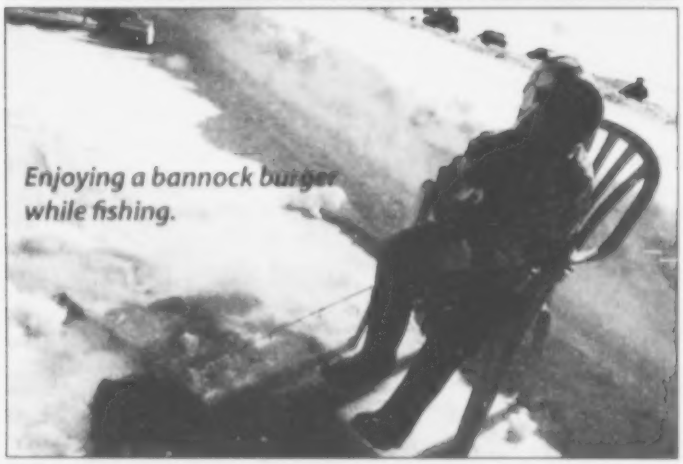
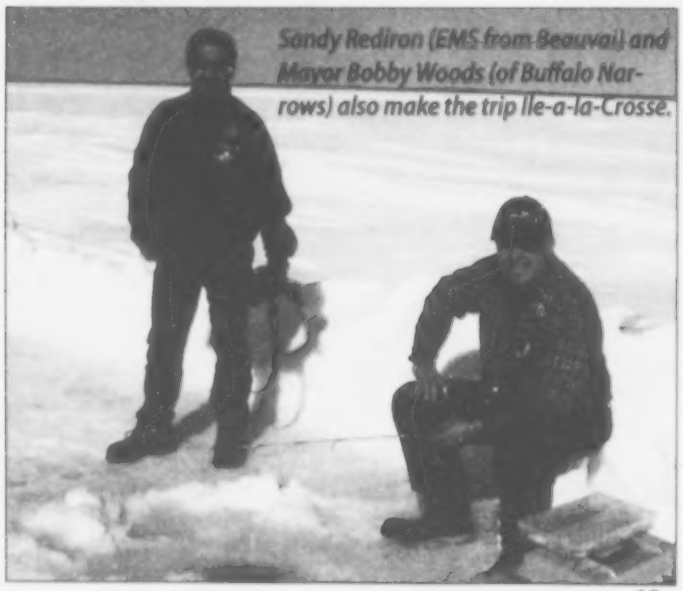


Enjoying a bannock burger while fishing.



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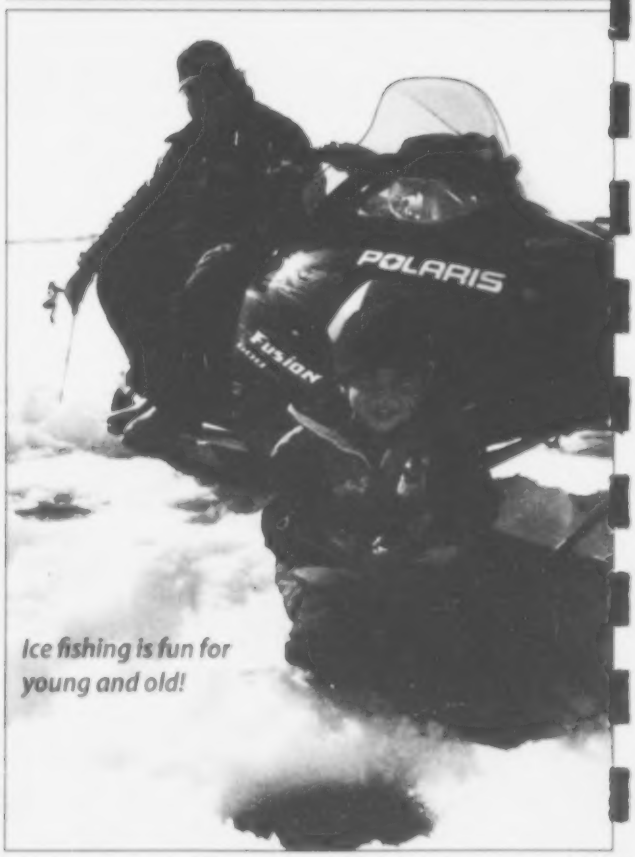

Ice fishing is fun for young and old!

St. Joseph's Health Centre in the Ile-a-la-Crosse Integrated Services Centre
Grand Opening Celebration on Septemeber 14, 2007

Close to 1000 people came from near and far to attend this special celebration which included the presence of dignitaries and former employees of St. Joseph's Hospital/ KYRHA, special performances, a delicious buffet luncheon, and a tour of the new facility. The celebration was a shared event with the Ile-a-la-Crosse School Division.

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